

LETTER OF RECOMMENDATION

All applicants are required to submit letters of recommendation. Recommendations can be returned to the applicant to be included with your application form or sent directly to the The Allender Center at The Seattle School.

Please complete the following before giving this form to those who are providing the recommendation.

applicant		
APPLICANT'S NAME	PROGRAM	-
RECOMMENDER'S NAME:	DATE	EMAIL ADDRESS
Under the Family Education Right and Privacy Act of 1974 (Buckley Amendment), which gives the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to select one of the following statements.		
O I waive my rights to examine this form.		
O I do not waive my rights to examine this form, but authorize the person completing this form to provide a candid evaluation.		
Applicant's Signature	Date	
recommender		
We greatly appreciate your candid appraisal of the applicant's abilities and potential as a candidate for The Allender Center. Once you have completed this form, please return it along with any attachments to the applicant or to:		
The Allender Center at The Seattle School Attn: Cathy Loerzel 2501 Elliott Avenue Seattle, WA 98121		
You can fax in your letter of recommendation to 206.876.6195 or email a scanned copy to theallendercenter@theseattleschool.edu. If you have any further questions, you may contact The Allender Center at theallendercenter@theseattleschool.edu.		
How long have you known the applicant and in what capacity?		
On a separate sheet, please answer the following questions:		
Part One: Please describe how long you have known this candidate and in what capacity. Please share impressions you have of this candidate and why you believe he/she would benefit from advancing their studies in the realms of trauma and abuse.		
Part Two: What, if any, concerns or questions do you have regarding this candidate participating in this program?		
Recommender's Signature	Date	