

Department of English
Southern Illinois University at Edwardsville
Letter of Recommendation Access Waiver Form

The Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) gives students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications for admission, employment, or awards. The law also permits students to waive that right if they choose, although such a waiver is voluntary and cannot be a condition of admission, employment, or award.

STUDENTS

Please complete the upper section of this form (which, except for the signature, may be filled out online) and give it to your recommender. *Letters of recommendation cannot be not considered valid unless accompanied by this form.* Letters and forms are to be mailed directly by your recommenders to the address below.

Name (please type or print): _____
First, Last, MI

Student ID Number: _____

In accordance with the Family Educational Rights and Privacy Act of 1974, I, the above named student, hereby permanently

☐

WAIVE

☐

DO NOT WAIVE

any and all right of access to or inspection of the letter of recommendation accompanying this document.

Signature: _____ **Date:** _____

*Note: the absence of a signature on the line above indicates the right to access has **not** been waived.*

RECOMMENDERS

Name (please type or print): _____

Title / Department: _____

Institution or Company: _____

(Optional) Please rate, by checking the appropriate boxes, the applicant relative to other students from your Department who have gone on to graduate school in recent years:

	Top 1-2%	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%
Academic Preparation						
Intellectual Promise						
Overall Ability						

On a separate sheet of letterhead, please write candidly about your knowledge of the applicant and the applicant's qualifications, including but not limited to the applicant's discipline, creativity, intellectual independence, capacity for critical thinking, and ability to organize and express ideas clearly.

Please sign this form below, thus indicating your awareness of the student's choice regarding right of access to your letter of recommendation, staple it to your letter, and mail to Director of Graduate Studies, Dept of English, SIUE, Edwardsville, IL 62026-1431. Thank you for your support and cooperation.

Signature: _____ **Date:** _____