Name of Applicant: ___________________________________________ Department: ___________________________________________

The Family Education Rights and Privacy Act of 1974, as amended, opens many student records for the student’s inspection. The law also permits a student to sign a waiver relinquishing his/her right to inspect letters of recommendation. The applicant’s signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Date: ____________________ Applicant’s Signature: ____________________

Letter being requested: _______________________________________________________________________________________

Your Name: (please print or type) ___________________________________________ Date: ______________

Position or Title: ________________________________________________________________

Department or Address: _______________________________________________________________________________________

Signature: _________________________________________________________________________________________________

To what extent do you recommend this applicant for the financial aid requested? Please address the applicant’s academic ability, including any outstanding abilities and talents; liabilities and weaknesses; and written and oral communications skills.

Thank you for your thoughtful assessment of this applicant.

Detailed comments and recommendations: Please use additional sheets if necessary.