A&S CAREERS PROGRAM DOSSIER SERVICE

RECOMMENDATION/ WAIVER FORM

[MAY BE DUPLICATED AS NECESSARY.]

Buchtel College of Arts and Sciences
The University of Akron
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Akron, OH 44325-1916
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Fax: 330/ 972-2177
Careersprogram@uakron.edu

TO BE COMPLETED BY CLIENT *[PLEASE COMPLETE, PRINT, AND SUBMIT TO REFEREE.]*

NAME [LAST, FIRST, MIDDLE INITIAL]

DEPARTMENT/DEGREE

DEGREE DATE

CLIENT: THIS FORM CANNOT BE INCLUDED IN YOUR DOSSIER UNLESS ONE OF THE BOXES BELOW CONTAINS YOUR DATED SIGNATURE.

All rights of access to this confidential statement conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby irrevocably and voluntarily waived. Validate by Signature Date	I **DO NOT** waive my rights of access. Validate by Signature Date

○ I PREFER TO BE NOTIFIED BY EMAIL WHEN RECOMMENDATION LETTERS ARE RECEIVED AND INCLUDED IN MY DOSSIER FILE.

○ I PREFER TO BE NOTIFIED BY THE SELF-ADDRESSED, STAMPED POSTCARDS [WITH THE APPROPRIATE REFEREE INFORMATION] THAT I HAVE PROVIDED TO THE SERVICE WHEN RECOMMENDATION LETTERS ARE RECEIVED AND INCLUDED IN MY DOSSIER FILE.

TO BE COMPLETED BY REFEREE *[PLEASE PRINT ACCURATELY AND LEGIBLY.]*

The individual whose name appears at the top of this page requests that you provide a recommendation for use in support of his/her candidacy for admission, fellowships, grants, or employment. Academic applications require originals; employment applications may be copied. Therefore, please attach, accordingly, signed separate page/s to this form [preferably on letterhead] for employment references and the correct number of signed originals for educational applications. **Do not write on the reverse side of this form.**

This letter will become part of a permanent and confidential dossier. It is understood that the client will be able to use this recommendation indefinitely for mailings to prospective graduate/professional schools and employers.

In the event that you wish to **withdraw your letter** from this dossier, you may notify us in writing and your document will be returned to you or destroyed, according to your instructions. The client will be notified by us of your decision to withdraw.

NAME OF REFEREE [LAST, FIRST, MI]	
TITLE	
INSTITUTION/ORGANIZATION	
STREET ADDRESS	
CITY/STATE/ZIP	
CURRENT PHONE NUMBER	
EMAIL	