



CAREER SERVICES RECOMMENDATION FOR CREDENTIAL FILE

Recommendation for the Credentials File of:

Name _____

Degree _____ Graduation Date _____

Please type and return to this office an evaluation of the candidate's qualities, commenting on any of the following items with which you may be familiar: academic, professional and personal qualifications, initiative, effectiveness in working with others, potential for growth and development.

In accordance with the Family Educational Rights and Privacy Act of 1974, the above has a right to review this recommendation on request unless he/she signed the waiver below.

In accordance with P.L. 93-380, Sec. 438, I hereby voluntarily and irrevocably waive my right of access to the recommendation written by _____.
Signed _____ Date _____

Signature _____ Date _____

Type Name _____ Official Position _____

Organization Name _____

Address _____
City State Zip