

CONNECTICUT COLLEGE RECOMMENDATION REQUEST FORM

Under the **Family Educational Rights and Privacy Act of 1974**, in order for any letter of recommendation to be considered confidential, the person requesting the letter must waive his/her rights to see the letter. This recommendation request form is used to indicate to the letter writers, receiving institutions and file managing service personnel, whether the attached letter is confidential or non-confidential.

NOTE TO LETTER WRITER

At the request of certain graduate programs/employers, this recommendation may be released to the student or alumnus/a in a sealed envelope to include with their application. In certain circumstances when a recommendation file contains a collection of recommendations each focused on different skill sets or areas of expertise, or if they are targeted to a variety of program/organization types, a CELS professional staff member may review the confidential letters in the file in order to compile recommendation packets that best support the candidate's applications. Under no circumstances will the content or quality of the confidential letter be revealed to the file holder. The CELS advisor will merely recommend which letters would be most effective as part of the recommendation packet. If you prefer that your letter not be subject to this review, you may submit the recommendation directly to the receiving institution or organization. Please discuss this option with the person requesting the letter in order to secure the cover pages and addresses of the receiving organizations.

DIRECTIONS

Fill out the form below including recommender's name. Submit the whole page to recommender for his/her signature. Direct recommender to return this page and your letter to:

*Office of Career Enhancing Life Skills Credentials Service, Connecticut College
270 Mohegan Avenue, New London, CT 06320
Tel: 860-439-2770; Fax: 860-439-2806*



CONNECTICUT COLLEGE

Office of Career Enhancing Life Skills, Connecticut College, 270 Mohegan Avenue, New London, CT 06320-4196

Your Name (Print or Type) _____ Class _____ In
accordance with the Family Educational Rights and Privacy Act of 1974:

___ I hereby request that a confidential letter be written. I waive all rights of access to its contents.

Signature: _____

In accordance with the Family Educational Rights and Privacy Act of 1974:

___ I request a non-confidential letter. I understand that this reference is open to me.

Signature: _____

Recommender's Name Printed _____

Title: _____ Department/Organization: _____

Address: _____

Recommender Only: My signature below indicates that I understand that I am writing a;

__ confidential letter __ non-confidential letter as requested by the student named above.

Recommender's Signature _____ Date: _____