

CONFIDENTIAL RECOMMENDATION FORM

To the Applicant : Please complete the following information and furnish this form along with a self addressed stamped envelope to the individual who has agreed to provide us with a reference in support of your application. The evaluator will be asked to mail or return the completed form back to you. Please submit the evaluation (still sealed in the envelope in which it was returned) along with the rest of

Under the Federal law entitled Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are often of greater value in assessing an applicant's qualifications, abilities and potential. We therefore request, but do not require you, to sign the following waiver (a). You may, however, decline to do so by signing below the waiver (b).

A. I expressly waive any rights I might have of access to this letter of recommendation under Family Educational Rights and Privacy Act of 1974, or any other law, regulation or policy.

Signature

Date

OR

B. I do not agree to waive my rights of access to this letter of recommendation.

Signature

Date

APPLICANT: Do Not Write Below This Line.

To The Evaluator: The above named Individual is applying for admission to Oregon Tech Ore

We endeavor to maintain the confidentiality of recommendations. If the applicant has NOT SIGNED the agreement to waive his/her access to the evaluation in the space above, we urge you to discuss this with the applicant. Not signing this agreement implies that

Please Type or Print Legibly

(YDOXDWRU·V /DVW 1DPH