

# RECOMMENDATION FORM



Candidate Name: \_\_\_\_\_

Student ID/Soc: \_\_\_\_\_

*To the letter writer: Complete the following information and return the letter to the Credential File Office*

<p>Under the provisions of the Family Educational Rights and Privacy Act,</p> <p><input type="checkbox"/> I waive my right of access to this letter (confidential)</p> <p><input type="checkbox"/> I retain my right of access to this letter (non-confidential)</p> <p>Signature: _____</p>
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I, the letter writer, submit this statement to SUNY Cortland Credentials Service in full acknowledgment of the candidate's choice of access indicated above.

Signature, letter writer \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_