

**CONFIDENTIAL FILE RECOMMENDATION**

For (applicant): \_\_\_\_\_

The Family Education Rights and Privacy Act, as amended, allows an individual to waive the right to view recommendations. This applicant **has waived** that right, and this recommendation will be **confidential**.

**RECOMMENDATION REQUEST**

\_\_\_\_\_  
NAME OF REFERENCE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
PHONE EMAIL

I would like to request that you submit a personal recommendation for me for the period of \_\_\_\_\_ to \_\_\_\_\_, during which time I held the position of \_\_\_\_\_.

This recommendation request is for the purpose of maintaining an up-to-date file with the Placement Office and does not necessarily indicate my intent to apply for any immediate position. I have stated that I am qualified for the following position (s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NAME OF APPLICANT PRESENT POSITION DISTRICT

*Please provide a letter, on letterhead, addressing the following, and attach to this form. If you prefer, you may complete the following (use an additional page if needed):*

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1. Please describe the capacity in which you know the applicant.
2. Please discuss the applicant in terms of his or her performance under your observation or supervision.
3. Please discuss the applicant in terms of his or her personal abilities and aptitude for professional advancement.

\_\_\_\_\_  
NAME TITLE EMPLOYER CITY/STATE

\_\_\_\_\_  
SIGNATURE DATE

PLEASE RETURN THIS FORM TO: