

CONFIDENTIAL Reference Form for SUNY Potsdam Faculty/Staff

Reference writer: This is one of several letters which the undersigned may request for inclusion in a credentials file to be held in this office. Copies will be mailed to prospective employers/graduate schools.

Name of candidate _____
Graduation month _____ Year _____

I _____ waive my rights to access this letter of reference. _____
(Candidate's signature) (Date)

PLEASE TYPE - DO NOT USE REVERSE SIDE

Name of Evaluator (please print or type) _____
Title _____
Telephone _____ Signature _____

Please return to the Career Planning Office, 106 Sisson Hall. Phone: (315) 267-2344