CONFIDENTIAL

LETTER OF REFERENCE
BY 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: __________________________________________________________________  Date_________________________

Please return to SUNY Potsdam, Career Planning Office, 130 Sisson Hall, Potsdam, NY 13676    Phone: (315) 267-2344.