



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.