



**CONFIDENTIAL**

**LETTER OF REFERENCE  
BY FACULTY/STAFF**

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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 use space below or attach to a letter on Departmental Letterhead – Do not use reverse side.**

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Name of Evaluator (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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