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

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.