



**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: _____

Please use space below or attach to 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.