

Center for Career Services  
Colgate University  
13 Oak Drive  
Hamilton NY 13346  
Phone: 315-228-7380  
Fax: 315-228-7178

## TO THE STUDENT

*The Family Educational Rights and Privacy Act of 1974* contains an amendment which guarantees student access to academic records which include credential recommendations. **If you choose to waive your rights, a copy CANNOT be given to you, not even in a signed/sealed envelope without the permission of the writer.** It is your responsibility to contact the writer, who in turn will give permission to Career Services to release the recommendation to you. **Your recommendation letters will remain on file for ten years from the date of your graduation.**

**Sending the File:** Your requests must be in writing, stating which letter(s) of recommendation by author are to be sent and the mailing address(es) to which they are to be forwarded. Please also include your class year and telephone number and/or e-mail address.

## TO THE AUTHOR

The signed statement on the front of this reference form indicates the wish of the student regarding the confidentiality of this particular recommendation.

Space is provided for a statement which may be sent to graduate and professional schools and/or prospective employers. Your recommendation will become part of the credential file of the student and will be kept at the Center for Career Services for ten years from the date of his/her graduation. Once the reference is on file, it becomes the property of the student. Any changes you wish to make must be done at the request of the student.

It is suggested that you address your remarks to such items as:

- Length and type of your acquaintance (e.g., student, employee)
- What you consider outstanding characteristics (e.g., scholastic achievement, intellectual capacity, judgment, industry, reliability, resourcefulness, originality, personality)

Please be aware that the *Human Rights Law of the State of New York* forbids giving information to a prospective employer which would indicate the applicant's race, color, religion, national origin, or ancestry.

COLGATE UNIVERSITY

**Recommendation Form**

Name \_\_\_\_\_ Class \_\_\_\_\_

The following signed statement indicates your wish regarding this particular recommendation.  
For more information regarding these rights, see the reverse side of this form.

\_\_\_\_ **I wish to waive my rights to inspect the contents of this recommendation.**

\_\_\_\_ **I wish to retain my rights to inspect the contents of this recommendation.**

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

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Organization/Department \_\_\_\_\_

Address \_\_\_\_\_