

RECOMMENDATION FORM

Candidate Name: _____

Student ID: _____

*To the letter writer: Complete the following information
and return the letter to the Credential File Office*

Under the provisions of the Family Educational Rights and
Privacy Act,

I waive my right of access to this letter (confidential)

I retain my right of access to this letter (non-confidential)

Signature: _____

I, the letter writer, submit this statement to SUNY Cortland Credentials Service in full acknowledgment of the candidate's choice of access indicated above.

Signature, letter writer _____ Date _____

Print name _____ Title _____

Employer _____ Address _____