

# Recommendation Request Form - Part 2

**Complete one copy** of this form for recommendation requests **for each different** institution/department/program.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_ Deadline for request: \_\_\_\_\_

School to which recommendation should be sent

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Person to which letter should be addressed (if applicable):

\_\_\_\_\_

Form required: Yes \_\_\_\_ No \_\_\_\_

Online form: Yes \_\_\_\_ No \_\_\_\_  
(if yes, website address: \_\_\_\_\_)

Letter required: Yes \_\_\_\_ No \_\_\_\_

## Waiver of Access to Recommendation Forms and Letters

You must complete the following section prior to forms being filled out or letters of recommendation being written by Dr. Fred J. Matthews. If you prefer not to waive any right to access of recommendation forms and letters completed by Dr. Fred J. Matthews, please ask another person to complete the forms and letters for you.

I authorize the release of a candid evaluation to \_\_\_\_\_  
(name of school/university)

understanding that the material will be kept confidential from me and the public and I waive any right of access that I might have by law. I further understand that I am not required to execute this waiver.

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