

RECOMMENDATION REVIEW RELEASE FORM

University Career Services

Division of Student Affairs

This service is available only to graduate students seeking employment

STUDENT:

I hereby release my reference file to the following dept chair/graduate adviser/dissertation chair for review:

Professor's Name	Title	Department
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I am aware that the contents of this file will remain confidential and the above named professor may not share any information in my file with me or with a third party.

Your Name	Date
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Your signature

DEPT CHAIR/GRADUATE ADVISER/DISSERTATION CHAIR:

I understand that I may not reveal information in this file to anyone except a potential employer of this student. I may not reveal information about this file to the student or to a third party. I understand that I may advise a student to eliminate or to retain a particular letter in his or her file, but I am not at liberty to indicate the reason.

Your Name	Date
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Your signature