

BERRY COLLEGE

Experience it Firsthand

Reference Form

The following student is requesting your recommendation and has indicated below his/her wish for right of access to this particular letter of reference in accordance with the Family Rights and Privacy Act of 1974.

Student's Name _____ Date of Graduation _____

_____ I have elected to maintain a closed file, and have thereby waived the right to inspect the contents of this reference.

_____ I have elected to maintain an open file, and can inspect the contents of this reference at any time.

Signed (Student) _____ Date _____

PLEASE NOTE: Statements concerning the capacity in which you have known the student, the length of time you have known him/her, the individual's academic ability, personal qualities, your general evaluation of the student, and his/her potential are the most valuable to the prospective employer. Please do not make any references to the candidate's race, religion, or national origin. When typed, please return directly to the address below.

PLEASE TYPE, USE SECOND SHEET IF NECESSARY

Printed Name and Signature: _____

Position: _____

Organization/ Department: _____ Date: _____

Address: _____ Phone: _____

**Career Center
P.O. Box 495005
Mount Berry, GA 30149 – 5005**