

## Confidentiality Waiver Form

### THIS SECTION TO BE COMPLETED BY THE CANDIDATE

Candidate's Name (Please print legibly)

(Last four digits of your social security number)

The Family Educational Rights and Privacy Act of 1974, Public Law 93-380, permits the individual requesting this letter of reference to maintain access to the letter or to waive access by relinquishing their right to inspect this letter in order that it be kept confidential. Please check the appropriate option below.

- Waive access, thereby establishing this as a confidential letter.
- Do **NOT** waive access, thereby establishing is an open letter, one that I might read.

Candidate's Signature

Today's Date

### CANDIDATES AND RECOMMENDERS

Please read these instructions before completing this form

**To the Candidate:** *You must establish a credentials file with the Career Services Office before submitting letters of reference.*

1. Type or print your name above.
2. Sign and date the waiver / non-waiver form. All letters received by Career Services must have this form attached to them.
3. Ask the recommender to send the letter, with this form, directly to Career Services. To insure integrity, Career Services will not accept letters submitted by the candidate.
4. You may check periodically with Career Services to determine that letters have been received.
5. Letters submitted to your credentials file become the property of the Career Services Office.

**To the Recommender:** *Your willingness to write a letter of reference for a Cazenovia College candidate is appreciated. The letter you prepare will be kept on file at Career Services. A copy of your letter will be forwarded upon the candidate's written authorization to prospective employers, employment agencies, internships, or graduate / professional schools.*

1. Please complete all information in Recommender's section below.
2. Please attach this form to your letter.
3. Please type the reference letter on organizational letterhead, sign and date the letter. Unsigned letters will be returned for your signature.
4. Please be advised that some U.S. states have "Right to Know" laws that may provide candidates with access to confidential letters of reference. Once credentials leave Career Services, confidentiality of letters may be affected by these regulations.
5. Mail the original of this completed form with your letter to: **Cazenovia College, Career Services Office, 41 Lincklaen Street, Cazenovia, NY 13035.**
6. We urge you to make a copy of this recommendation for your files.

### THIS SECTION TO BE COMPLETED BY THE RECOMMENDER

Recommender Name

Title

Recommender Organization/Department

Email/Telephone

Recommender Address

City

State

Zip Code

Recommender's Signature

Date

**This form must be RETURNED with your LETTER OF RECOMMENDATION!**