

NAROPA UNIVERSITY GRADUATE LETTER OF RECOMMENDATION—Side I

Legal Name of Applicant:

Last/Family

First

Middle Initial

US Social Security Number, if any: _____ / _____ / _____ (Optional, unless you are applying for federal financial aid with the FAFSA form)

TO THE APPLICANT: Under the Family Educational Rights and Privacy Act of 1974, students who are accepted and who matriculate into the school/college program for which they applied are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review. You have the option of (1) signing the following waiver; or (2) declining to do so. **Naropa must receive this original signed form. No faxed or emailed letters will be accepted. Letters from family members, current therapists or significant others will not be accepted.**

I expressly waive the rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

Signature _____ Date _____

I do not agree to the waiver above.

Signature _____ Date _____

TO THE RECOMMENDER: Before you agree to submit a recommendation, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instruction "To the Applicant." Please fill out the entire form and sign the bottom. If you would like to include additional comments, you may do so on a separate sheet of paper.

How long have you known the applicant? _____

In what capacity? _____

Comment on the candidate's strengths:

Comment on areas where you feel the candidate may need some improvement:

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