

## REQUEST FOR LETTER OF RECOMMENDATION

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

Name of Candidate: \_\_\_\_\_

Name of Writer \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Association with Candidate \_\_\_\_\_

X \_\_\_\_\_  
*Signature of Writer*

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CLOSED FILE

The candidate is electing to waive his/her rights under the Family Educational Rights and Privacy Act of 1974 and prefers to maintain confidential recommendations which he/she will not be able to read.

OPEN FILE

The candidate is electing to exercise his/her rights as provided by the Family Educational Rights and Privacy Act of 1974 to maintain non-confidential recommendations which he/she may read.

X \_\_\_\_\_  
*Signature of Candidate*

***Send Letters of Recommendation to:***

Cynthia Howard  
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Marquette University  
P.O. Box 1881  
Milwaukee, WI 53233