

REQUEST FOR LETTER OF RECOMMENDATION

Date: _____

Name of Candidate: _____

Name of Writer _____

Title _____

Institution _____

Address _____

Telephone _____

Association with Candidate _____

X _____
Signature of Writer

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:

Gale Prusinski
Department of Theology
Marquette University
P.O. Box 1881
Milwaukee, WI 53233