



**Swarthmore College
Career Services**

500 College Avenue
Swarthmore, PA 19081-1397
Phone 610.328.8352 – Fax 610.328.8549
Careerservices@swarthmore.edu

Name _____ Class Year _____ Date _____

The above named student/alumna/us has requested a recommendation from you, which will become part of his/her permanent file in the Career Services Office. Your statement may be quoted or copies sent to prospective employers or graduate schools. It will not be shown or quoted to the student/alumna/us provided the waiver of access below has been signed. Your estimate of the candidate's general scholastic ability and personality might include such points as how long you have known the person and in what capacity; scholarship; academic promise; work habits; communication skills (written and oral); originality; maturity; initiative; creativity; ability to relate to others.

Please attach a letter to this waiver form or type your statement in the space below.

Recommender Name [Please Print] _____ Date _____

Signature _____ Position/Title _____

Waiver of Access

I hereby waive my right of access [granted under the Family Educational Rights & Privacy Act of 1974] to this confidential recommendation, provided that it is used solely with respect to my applications for employment or for admission to any educational agency or institution.

Candidate Signature _____ Date _____

Unless this waiver is signed, completed, and attached to your recommendation, it is not confidential.