

TO BE COMPLETED BY THE CANDIDATE:

(Please type or print with black ink.)

Candidate's Name _____ ✓ **(1)**
Degree/Major Field BS, Speech Pathology & Audiology
Reference Writer's Name _____ ✓ **(2)**

RETURN MAIL TO:
Career Services Center
West Virginia University
P.O. Box 6008
Morgantown, WV 26506-6008

The 'Family Educational Right and Privacy Act of 1974' (FERPA) provides candidates the right of access to letters of reference written after January 1, 1975 unless they choose to waive their right of inspection and review. Prior to submitting this form to a reference writer, you, the candidate, must indicate whether or not you wish to waive your right.

- I DO waive my right of access to this reference letter.
- I DO NOT waive my right of access to this reference letter.

✓ **(3)**
Date

✓ **(5)**

Candidate's Signature _____

Important: Letters received which do not have the above choice indicated and signed by the candidate will be treated as 'non-confidential' and will be available for inspection and review by the candidate.

TO BE COMPLETED BY THE REFERENCE WRITER:

Please write a reference in the space provided below. This reference should be concise and provide specific information that will be useful to prospective employers and/or graduate schools. PLEASE TYPE or use black ink. This reference form will be photocopied for distribution. (Should you choose to attach a letter, please state "See attached" in the space below and sign this form.)

See attached form

✓ Student completes information before giving it to reference writer.

(6)

Signature of Reference Writer _____ Date _____
Title: ✓ Business Phone: 304-293-4241
Business/Organization: Department of Speech Pathology & Audiology
Address: PO Box 6122, West Virginia University, Morgantown, WV 26506-6122