

Sections

Add A Recommendation Provider

ADD PROVIDER

** indicates a required question*

First Name: *

Last Name: *

Street Address (Line 1):

Street Address (Line 2):

City:

State:

-- Select --

Postal Code:

Country:

-- Select --

Phone: *

(555) 555-5555 for a U.S. number

Email Address: *

Title: *

Employer: *

Relationship to you: *

Do you wish to waive your right to examine this letter of recommendation? *

☐ Yes

☐ No

Under the Family Educational Rights and Privacy Act of 1974, students have access to their education record, including letters of recommendation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence.

Will this provider be submitting the letter of recommendation online? *

☐ Yes

☐ No

If Yes, you must provide the email address for online providers and please notify the individual that he/she will be receiving an email from the online application system with the necessary access information.

If you would like to include a personal note in the notification email that is delivered, please use the space below:

ADD PROVIDER

CONTACT US

TECHNICAL SUPPORT

PRIVACY & SECURITY

SYSTEM REQUIREMENTS

HELPFUL HINTS ▲