

RECOMMENDATION

Hobart and William Smith Colleges, Salisbury Center for Career Services, Geneva, New York 14456
315-781-3514

To be completed by candidate:

Candidate's Name: _____ Yr. Grad. _____

Candidate's Waiver: I have requested the person specified below to write a confidential recommendation and show by my signature that I waived my right of access to this recommendation.

Signature: _____

To the recommender: This form should be typed and must have your signature. Please note that if the candidate has not signed the above waiver he/she will have the right to read this recommendation. **Return this form directly to Career Services.**

Name/Title of Recommender _____

Department _____ Organization _____

Address _____

Signature _____ Date _____