

THE COLLEGE OF NEW JERSEY – OFFICE OF CAREER SERVICES

CREDENTIALS SERVICE - RECOMMENDATION FORM

(Please type or print)

Name of Candidate _____ Month/Year of Graduation _____

NOTICE TO WRITER OF STATEMENT AND CANDIDATE: In accordance with the amended FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT, all candidates are entitled to review and/or obtain copies of letters of recommendation for placement purposes. If the candidate waives this right, this reference will be held in confidence and will not be shown or given to the candidate by this office.

- I **waive** my right of access to this letter of recommendation.
- I **do not waive** my right of access to this letter of recommendation.

Candidate's Signature _____

STATEMENT OF RECOMMENDATION

Write your evaluation of the candidate considering: (a) performance in school/work situation; (b) professional potential. Please do not be limited by the space provided. You may choose not to use the space below, but may submit a separate 1 page letter of recommendation.

Name of Writer (Please print) _____

Position of Writer _____

Signature of Writer _____

Organization _____

Address _____

Please return to the Office of Career Services, The College of New Jersey, P O Box 7718, Ewing, NJ 08628-0718
Telephone number (609) 771-2161.