

The Department of Sociology
University of Kentucky
1515 Patterson Office Tower
Lexington, KY 40506-0027
Attention: Director of Graduate Studies

LETTER OF RECOMMENDATION

Printed by Applicant:

Name: _____ SS#: _____

Signed by Applicant:

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation.

_____ I waive my right to inspect the contents of the following recommendation.

_____ I do not waive my right to inspect the contents of the following recommendation.

Signed: _____ Date: _____

We would appreciate your candid evaluation of the above named applicant's ability to complete successfully the Program of Graduate Study indicated above. (Please attach a separate letter if you prefer.)

Recommender's Name _____

(please print)

Position or Title _____ Institution _____

Address _____

Signature _____

Date _____ Phone _____