

SUNY BROCKPORT™

Office of Registration and Records
Credential Services
350 New Campus Drive
Brockport, NY 14420
(585) 395-5390

CANDIDATE'S NAME

Signature of Author	Date
Name of the Author (Printed)	In accordance with the Family Educational Rights and Privacy Act, I have elected to: ___ read this letter of recommendation ___ not read this letter of recommendation
Firm/Department/Organization	
Address	
Date	Signature of Candidate
	Date

TO THE CANDIDATE
(Student or Alumnus)

SOCIAL SECURITY NUMBER

- 1) **Enter** – (on this side) your SS# on the line provided.
- 2) **Type** – (on attached sheet) your name on the line provided.
- 3) **Respond** – (on the attached sheet) to the Family Educational Rights and Privacy Act by:
 - a. checking whether or not you wish to read this letter of recommendation.
 - b. signing your name and entering your social security number and date.Should you elect to not read this letter of recommendation, it must be sent directly from the author to Credential Services, the Office of Registration and Records. Letters that are hand delivered by the candidate to be included in a confidential (closed) file will not be accepted.
- 4) Indicate your current career goals by writing a brief statement below. This information will help the author write a letter that will be supportive of your professional objective. It is also strongly recommended that you discuss your career plans with the author of this letter.

TO THE AUTHOR

In an effort to assist students and alumni in securing employment and/or admission to graduate school, Credential Services, the Office of Registration and Records at SUNY Brockport offers them the opportunity to establish a credential consisting of letter of recommendation and related testimonials.

Employers and graduate schools have indicated that information such as the following is beneficial when considering an individual:

- 1) the capacity in which you have known the person.
- 2) length of acquaintance
- 3) performance in past or present work or academic experience,
- 4) interpersonal skills,
- 5) written, oral, decision-making and organizational skills.

In preparation of this letter, you may also wish to consider the statement of the candidate's current career goals as indicated item 3 (TO THE CANDIDATE).

In accordance with the Family Educational Rights and Privacy Act, the candidate may elect to read this letter of recommendation. His/her choice has been indicated at the bottom of the reverse side of this form. If the candidate has elected to not read this letter of recommendation, it must be sent directly to the Office of Registration and Records.

**PLEASE TYPE (SINGLE SPACE) ALL INFORMATION TO FACILITATE MACHINE DUPLICATION.
SHOULD YOU PREFER, YOU MAY USE YOUR OWN 8 ½" X 11" LETTERHEAD STATIONERY.**

RETURN TO: Credential Services
Office of Registration and Records
SUNY College at Brockport
350 New Campus Drive
Brockport, NY 14420-2966

THANK YOU FOR YOUR COOPERATION.

THIS SIDE WILL NOT BE DUPLICATED.