Please return this form as an attachment to scholarship@carrollu.edu or mail to:
Carroll University
Office of Admission
100 N. East Avenue
Waukesha, WI 53186

Applicant's name ________________________________________________________________

The Family Education Rights and Privacy Act (PL 93-380) allows a candidate the right of access to recommendations written on his/her behalf. We do not require that you waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign:  ❑ I waive my right of access to this recommendation.
❑ I do not waive my right of access to this recommendation.

Applicant's signature ____________________________ Date ___________________________

Directions: Thank you for agreeing to write a letter of recommendation for the above-named student. Please use the space below and attach additional sheets as you need.

Your name _______________________________ Signature _____________________________

High school _______________________________ Telephone ___________________________