



Request for Letter of Recommendation

Career Development Center, SAB50 ♦ One University Plaza ♦ Springfield, IL 62703-5407 ♦ Ph-217/206-6508 ♦ Fax-217/206-7544

Part A to be Completed by Applicant:

Name of Applicant _____
Last First Middle Initial

UIN# _____ Home Phone _____ Work Phone _____

This reference will become part of your file. You will be accorded access to it unless you voluntarily waive your right of access. Please check one of the boxes and sign below.

I have read the information above and I hereby _____ my right of access to this document.
 do NOT waive
 waive

Signature _____ Date _____

Part B to be Completed by the Person Making the Reference:

On a separate page, please describe the nature and duration of your relationship with the applicant. Please evaluate the applicant's capacity for employment. You may wish to comment on the following: Communication Skills, Intelligence, Initiative, Maturity, Judgment, Diligence and the Ability to work with others.

Your letter and this form should be mailed directly to: Career Development Center SAB50, University of Illinois at Springfield, One University Plaza, Springfield, IL 62703-5407



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