NAME OF APPLICANT ________________________________
(last)                                                                                   (first)                                                                      (middle initial)

I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Educational Rights and Privacy Act.

Applicant Signature ________________________________ Date ________________________________

On a separate page, please evaluate the applicant’s capability for graduate study and for work as a Legislative Staff Intern in the Illinois General Assembly.

Your letter and this form should be mailed directly to:

Illinois Legislative Staff Intern Program
University of Illinois Springfield
One University Plaza, MS PAC 451
Springfield, IL 62703-5407
Phone: (217) 206-6579
Fax (217) 206-7397