

REQUEST FOR REFERENCE

Your Name (print) _____

I hereby request that Dr. Nikita Lauren Burrows provide a letter/form/phone reference to the following organization(s):

| Organization Name | Organization Email (if applicable) | Purpose (e.g., REU, grad school, scholarship, etc.) |
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I understand and give permission to said Professor to evaluate such aspects as my intellectual capacity, communication skills, ability to work with others, leadership ability, and capacity for independent thought. Also, I understand and give permission for said Professor to disclose and discuss any aspects of my performance within any courses I have taken from said Professor. Further, I understand and give consent for said Professor to include information from my educational records as necessary to be used in this letter of reference, including but not limited to GPA, courses taken, grades, and other non-directory information.

Check and sign **one** of the following:

- I hereby waive my right of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

signature _____ date _____

- I DO NOT waive my right of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

signature _____ date _____