



**Graduate Assistantship Recommendation Form
Graduate Studies**

As a graduate assistant in the **Department of Psychology** at Western Kentucky University, I have been asked to obtain a letter of recommendation concerning my qualifications and capacity for professional growth.

According to the Privacy Act of 1974, a student may voluntarily waive the right of access to confidential information such as letters of recommendation. Without the waiver the student will, upon request, be permitted to inspect letters of recommendation. I do ____ or do not ____ waive my right of access to this letter.

I gratefully request that you write or type a letter in the space below for me. Mail it to: Office of Graduate Studies and Research, Western Kentucky University, 1906 College heights Blvd., #11010, Bowling Green, KY 42101-1010.

Student's Name (print or type)

Signature of Student

Reference Provided By:

Print or Type Name

Title

Date

Signature

Organization