



## Department of Social & Behavioral Sciences

### Waiver Form

I am requesting a recommendation letter/recommendation be made and I give permission for Professor \_\_\_\_\_ to do so.

(write in the professor's name here)

Dr. Daniel R. Nelson

Dr. Kari J. Nelson

Donna McElveen, MSW, LGSW

Karen Harrington, MSW, LICSW

Christina Calayag

I am requesting that s/he write a letter of recommendation or give a recommendation for the purposes of employment/graduate school admission/professional training/or

other: \_\_\_\_\_.

(purpose for this request)

I would request this recommendation/recommendation letter be sent to the following individual at this address:

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(name & title of the intended recipient)

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(recipient's street address)

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(recipient's city, state, and zip code)

The professor noted above has my permission to include my grades, GPA, and any other pertinent academic performance, social/behavioral, or ability based observation comments and information in the recommendation.

By signing below I waive my right to review a copy of the recommendation letter/recommendation information shared with the intended recipient. Please note that you still must waive your rights on the form provided by the program you are applying to. If they do not have one, please contact them and ask them to create one for you to sign.

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(signature & date)