



**Student Request for Recommendation
West Chester University
USSSS**

Student (print name)		WCU ID:
Recommender		
Organization Receiving Recommendation		

Student Must Indicate a Preference:

Under the provision of the Family Educational Rights and Privacy Act:

I have retained my right of access to this reference

I have waived my right of access to this reference.

Date: _____ Requestor's Signature _____

Please check the areas permissible to discuss in the letter:

Check Here	Category/ Area (not all may be applicable to this Recommender)
	Academic History
	Academic Plans
	Assertiveness
	Communication skills
	Completes tasks on time
	Future/Career Plans
	Grades and GPA
	Initiative
	Interaction with others
	Leadership ability
	Listening skills
	Maturity
	Personal/Family
	Other -

Preferred Completion Date of Recommendation _____

Preferred Delivery Option: Email to you
 Email to organization/ individual
 Hard copy to organization/individual
 Hard copy to you