

Alabama State University
REHABILITATION SERVICES

WITH A CONCENTRATION IN ADDICTION STUDIES

RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly).

NAME _____
Last First Middle

The Family Educational Rights and Privacy Act of 1974, and its amendments guarantee students access to their educational records. Students are also permitted to waive their right to access to recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation. Failure to respond will be considered a waiver of the right to this recommendation.

_____ I waive my right to inspect the contents of the following recommendation

_____ I do not waive the right to inspect the contents of the following recommendation.

Signature Date

Signature Date

TO BE COMPLETED BY RECOMMENDER

If you wish to make additional comments, please ATTACH a letter to this form. Please realize that while the applicant may waive his or her rights to access, in some circumstances this letter may be subject to disclosure.

1. How long have you known this applicant and in what capacity?

2. How well do you feel you know the applicant? Casually _____ Well _____ Very Well _____

3. Do you work in the rehabilitation services field? () Yes _____ No _____

6. Please indicate your recommendation (check one)

_____ Recommend Strongly

_____ Recommend with Reservation

_____ Recommend

_____ Cannot Recommend

Recommender's Name: _____

Recommender's Signature: _____

Title: _____

Organization: _____

Address: _____

Email Address _____

Telephone: _____

Date: _____

Please mail the Recommendation form to: Alabama State University
College of Health Sciences
Department of Rehabilitation Studies
Selections and Admissions Committee
P. O Box 271
Montgomery, AL 36101-0271