



Program in Continuing Education
 Office of Community and Regional Affairs
 4 Mercer Street
 Princeton, NJ 08542
 Tel: 609-258-5226
 Fax: 609-258-9000
 Email: conted2@princeton.edu

Letter of Recommendation for _____
 Name of Applicant

Please fill in your name above and indicate your choice of waiver of access to this recommendation, and sign below:

I waive/I do not waive (circle your choice) the right of access to this letter of recommendation under the provisions of “The Family Education Rights and Privacy Act of 1974.”

Date _____

Signature _____

To Whom It May Concern:

The person named above is applying to Princeton University as a Continuing Education Student. Please describe the context in which you know the applicant and provide a candid evaluation of his or her intellectual and personal qualities. Please be as specific as possible in referring to the applicant’s abilities and accomplishments.

If the student has signed the above statement waiving access to this letter, you may assume that confidentiality is assured.

Please return this waiver form along with your letter of recommendation to the Program in Continuing Education, Office of Community and Regional Affairs, 4 Mercer Street, Princeton University, Princeton, NJ 08540.

Name _____
 Title _____

Signature _____
 Employer _____