



COLLEGE OF
Education

**College of Education
Graduate Studies and Research**

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Stillwater, Oklahoma 74078-4034

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Fax: 405-744-6399

Dear: _____:

_____ is applying for admission to a Master's degree program in the School of Applied Health and Educational Psychology (SAHEP). The student has given your name as a potential reference. Please supply in the space provided below.

To the Registrant

The family Educational Rights and Privacy Act of 1974 opens many educational records for a person's inspection. The law also permits the person to sign a waiver relinquishing their rights to inspect letters of recommendation. The registrant's signature below constitutes a waiver signifying that the recommendation will remain CONFIDENTIAL. No signature below means the registrant will have the right to read this reference.

Date: _____ *Signature of Registrant:* _____

Date:	Official Position:
Institution:	Typed Names:
City and State:	Signature: