

Letter of Recommendation Request Form

Name (Print) : _____

Perm Number : _____

Umail: _____ Personal Email: _____

Cell Phone # : _____ Home Phone #: _____

Local Address : _____ Permanent Address: _____

I request that the Department of Psychological & Brain Sciences establish a Letter of Recommendation file on my behalf. In signing this request and consent form I also acknowledge that I have read and agree to all of the conditions and restrictions that apply to this service as outlined in the Coverages and Exclusions Statement.

This form must be turned in, **in person, to the Subject Pool Coordinator, Caronne Baer, in room 1813, Psychology Main Office. (Emails not accepted)*

Signature _____ Date _____

I request that Letters of Recommendation be sent from the following Evaluators:

1. _____ 3. _____
2. _____ 4. _____

To the following Institutions:

Institution/Company	Evaluator # (1-4 from above)	Deadline*	Date Sent (Dept use only)
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
6. _____	_____	_____	
7. _____	_____	_____	
8. _____	_____	_____	
9. _____	_____	_____	
10. _____	_____	_____	

This is the **institutional deadline provided on each of your applications. If this differs between institutions, please specify.*

Purpose(s) for Letters of Recommendation

1. Application to Post Graduate Education Programs
2. Application to Scholarship or Fellowship Programs
3. Application for Employment Opportunities
4. Other (Please be specific):

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Access to Confidential Statements Regulations Regarding the Confidentiality of Letters of Recommendation

Pursuant to federal legislation effective January 1, 1975, all letters of recommendation possessed by any unit of the University, including the Department of Psychology, may be made available to students directly affected upon the student's written request. Such a request will be satisfied within a 30 day period.

You must indicate whether you waive your right to access any or all letters of recommendation contained in your Department of Psychological & Brain Sciences file by signing this form in indicate your choice. Each recommender may have his/her own requirements regarding the confidentiality of a letter he/she may write, and you should check with each one regarding these requirements.

WAIVER OF ACCESS STATEMENT

I understand that letters and statements of recommendation concerning me are to be received and maintained by the Department of Psychological & Brain Sciences, University of California, Santa Barbara, California 93106. I hereby expressly and voluntarily

WAIVE ☐ **DO NOT WAIVE** ☐

any and all access rights I might have to any such recommendations made in this file under the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies.

If I expressly and voluntarily waive any and all access rights I might have to any such recommendations made in this file, I further understand that the letters of recommendation received under this waiver may not subsequently be released to me without written authorization from the author of the letter, and that the recommendations shall be used solely for the purpose for which they were specifically intended.

Signature _____

Date _____