LETTER OF REFERENCE
BRYN MAWR COLLEGE
Bryn Mawr, PA 19010

To Be Completed by the Candidate

Candidate's Name

Graduation Date    Degree    Date (to be) Awarded    Major Field

Under the provision of the PA Right To Know Law and the Federal Family Educational Rights and Privacy Act of 1974 (must check one):

___ I RETAIN my right to review this letter,

OR

___ I WAIVE my right to review this letter

Candidate's Signature ___________________________________________ Date ______________________

To the Author:

Please type your comments on this or an attached sheet and return this form directly to Career Engagement, Bryn Mawr
College, Bryn Mawr, PA 19010. THIS FORM SHOULD NOT BE RETURNED TO THE CANDIDATE.

Name (typed) ____________________________________________ Title __________________________

Organization ____________________________________________ Telephone ( ) __________________________

Address ____________________________________________ Zip Code __________________________

Author's Signature ______________________________________ Date __________________________