

## Recommendation Form for the Barbour Scholarship

Recommender: Please complete this form and return it to the applicant's DEPARTMENT as soon as possible. {You may attach a letter on letterhead to this form if you prefer.}

Name of Applicant \_\_\_\_\_ Department \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant will have access to the information provided below unless she has waived such access.

**I hereby waive my right of access to the information recorded below.**

\_\_\_\_\_  
(Applicant's signature) (Date)

\* \* \* \* \*

Name of Recommender \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_