Graduate Letter of Recommendation

Applicant's name _____
LAST, FIRST, MIDDLE

Home address _____
STREET

_____
CITY, STATE, ZIP

To the applicant: Please complete this section, including the waiver statement, before giving this form to the person providing the recommendation. The purpose of this recommendation is to assist us in making our admission decision and, if the applicant is admitted and enrolls, to be available as an aid in advising and counseling. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right, if you enroll at RISD, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. A waiver of your rights under the Act is not a required condition for admission or receipt of financial aid. Please indicate below whether you wish to voluntarily waive this right by checking the appropriate box and signing your name.

I ☐ waive ☐ do not waive any right of access that I may have to this recommendation form.

Applicant's signature _____ Date _____

To the recommender: If the applicant has waived his/her right of access, your recommendation will be held confidential to the extent permitted by law; if not, the applicant, if admitted and enrolled at Rhode Island School of Design, may inspect it on request. Thank you for your time and assistance.

NAME

POSITION RELATIONSHIP TO APPLICANT

SCHOOL OR ORGANIZATION

RETURN TO: Graduate Admissions Office, Rhode Island School of Design
Two College Street, Providence, RI 02903-2791