



# REFERENCE FORM

OFFICE OF CAREER SERVICES

142 Campus Center, SUNY Oswego, Oswego, NY 13126-3599  
Phone: 315-312-2255

Name \_\_\_\_\_

Soc. Sec. Number (last four digits): X X X - X X - \_\_\_\_\_

**To the Candidate:**

- 1) Print your name above.
- 2) Fill in last four digits of your social security number above.
- 3) In accordance with the Family Education Rights and Privacy Act of 1974, check one statement below and sign.

**Confidential:** I waive my right to read and review this statement. Signature \_\_\_\_\_

**Non-Confidential:** I retain my right to read and review this statement. Signature \_\_\_\_\_

**To the Reference Writer:** Please type your statement and return the completed form directly to the Office of Career Services.  
 Information on writing effective letters of reference: [www.oswego.edu/careerservices/resources/recommendation.html](http://www.oswego.edu/careerservices/resources/recommendation.html)  
 Document margins are: top (3-3/4"), left, right, & bottom (1/2"). Image area is 7.4" x 6.5"

Reference Writer's Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

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