

REFERENCE FORM

OFFICE OF CAREER SERVICES
SUNY Oswego, Oswego, NY 13126-3599
315-312-2255

Name _____

Soc. Sec. Number (Last Four Digits): XXX-XX- _____

- 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 and sign.



Confidential: I waive my right to read and review this statement.

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.
Additional information on writing effective letters of reference: 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 _____

Signature _____ Date _____