

**CAREER DEVELOPMENT CENTER**  
The University of Virginia's College at Wise  
1 College Avenue  
Wise, Virginia 24293  
276-328-0126

**CREDENTIAL FILE  
RECOMMENDATION  
FORM**

Letter of Recommendation for: \_\_\_\_\_  
 Check here if additional sheets attached

As author of this reference, I submit this statement to The University of Virginia's College at Wise Career Development Office in full accord with the conditions set forth by candidate named above.

Reference Name \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

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**For candidate completion:**

Under the provisions of the Family Education and Privacy Act of 1974:

I have *retained* my right of access to this letter

I have *waived* my right of access to this letter

Failure to indicate one of the above determines this letter to be non-confidential.

Candidate Signature \_\_\_\_\_ Date of Graduation \_\_\_\_\_