

Attach completed form to Letter of Recommendation and return with the complete application packet to:

Please duplicate as needed.

The Graduate School  
Cobb Hall  
University of West Georgia  
1601 Maple Street  
Carrollton, GA 30118.

**University of West Georgia**  
**Psy.D. in Individual, Organizational,**  
**& Community Transformation:**  
**Society & Consciousness**

**Letter of Recommendation**

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**This form is to be completed by the applicant and given to the individual submitting the letter of recommendation on the applicant's behalf. It should then be attached to the letter of recommendation. This form and the letter of recommendation must arrive in a sealed, signed envelope. Please return the signed, sealed envelope to applicant to include in his/her application packet. Thank you.**

**SSN or UWG ID** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Name of Applicant:** \_\_\_\_\_  
Please Type or Print

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), you may decide whether letters of reference written at your request are to be held confidential, or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the individual completing this form and the Graduate School will be advised of your choice.

\_\_\_\_\_ **Confidential.** I waive my right of personal access to this reference and grant permission for this letter of recommendation to be held confidential by the University of West Georgia.

\_\_\_\_\_ **Open File.** I retain the choice of having letters of recommendation available to me.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_