

CONFIDENTIAL RECOMMENDATION FORM

To the Applicant: Please complete the following information and furnish this form along with a self-addressed stamped envelope to the individual who has agreed to provide us with a reference in support of your application. The evaluator will be asked to mail or return the completed form back to you. Please submit the evaluation (still sealed in the envelope in which it was returned to you) along with the rest of your application materials once complete.

Applicant's Last Name

First Name

Middle Initial

Under the Federal law entitled *Family Educational Rights and Privacy Act of 1974*, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are often of greater value in assessing an applicant's qualifications, abilities and potential. We therefore request, but do not require you, to sign the following waiver (a). You may, however, decline to do so by signing below the waiver (b).

- C. I expressly waive any rights I might have of access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation or policy.

Applicant's Signature

Date

OR

- D. I do not agree to waive my rights of access to this letter of recommendation.

Applicant's Signature

Date

APPLICANT: Do Not Write Below This Line.

To The Evaluator: The above named Individual is applying for admission to the Oregon Health & Science University-Oregon Institute of Technology Paramedic Education Program. The Program is a 12 or 18 month rigorous and comprehensive course of full-time study. The academic demands will be considerable and motivation for a health care career is important for success. The student should have unquestioned integrity and be emotionally mature and capable of dealing with patients and the demands of an emergency care provider. Your candid evaluation of the applicant will be of significant value to our committee in its effort to identify and select appropriate students for the program. In providing us information, we ask you not to refer directly or indirectly to any disability an applicant may have.

We endeavor to maintain the confidentiality of recommendations. If the applicant has NOT SIGNED the agreement to waive his/her access to the evaluation in the space above, we urge you to discuss this with the applicant. *Not signing this agreement implies that the OHSU/OIT Paramedic Education Program is legally obligated to grant the applicant access to the completed evaluation form.*

After completing the evaluation, please seal it in the self-addressed envelope the applicant has provided for you, sign your name across the seal, and return it to the applicant. The applicant will submit your letter to us with his/her application. Your time and cooperation are very much appreciated.

