

CREIGHTON UNIVERSITY  
EDUCATION DEPARTMENT,  
TEACHER PLACEMENT OFFICE  
2500 CALIFORNIA PLAZA  
OMAHA, NE 68178

Under the Family Education Rights and Privacy Act, students have the right to inspect their files upon request. Please sign one of the following statements to indicate to the person writing the recommendation whether his/her letter will be held in confidence or will be open to your inspection.

\_\_\_\_\_ I WAIVE my right to access this letter of recommendation.

\_\_\_\_\_ I DO NOT WAIVE my right to access this letter of recommendation.

**REQUEST FOR RECOMMENDATION**

**TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

I have registered with the Teacher Placement Office and have given your name as a reference. Please give a brief statement of your knowledge of my qualifications, addressing as many of the following points as possible: scholarship, adaptability, judgment, leadership, professional appearance, social qualities, and attitude toward work. Please return this completed form to the above address.

If you do not care to write a recommendation, please sign here: \_\_\_\_\_  
and return this form to the address above.

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(Signature)

(Date)

(Official Position) \_\_\_\_\_

(Place/Location of Employment) \_\_\_\_\_

This form will be reproduced and placed in the credential file exactly as it is returned to the Teacher Placement Office. You may attach an additional sheet to this if you wish.