**Print** all information and **sign** where indicated below.

Student ____________________________________________  PCC ID ____________

Last  First  Middle

Phone Number ( ) — E-mail ____________________________________________

**RECOMMENDATION REQUEST**

Recipient Name ____________________________________________

Organization ____________________________________________

**Purpose**  [ ] Employment  [ ] Financial Aid/Scholarship  [ ] Ministry  [ ] Admission to Another Institution

**Delivery Method**

[ ] E-mail

[ ] Online  http://

[ ] Phone Number ( ) —

[ ] Mail

__________________________________________

**Special Directions**

__________________________________________

**Recommender**

It is the student’s responsibility to give this completed form to the individual requested to complete the recommendation.

**Waiver of Right to Access Confidential Recommendation**

I hereby waive my rights under the General Education Provisions Act to access any information contained in this recommendation from Pensacola Christian College and agree that the statement shall remain confidential.

**Student Signature** ____________________________________________  **Date** ________________

**Recommender**: Include a copy of this completed form with your recommendation. Send the original completed form and a copy or summary of your recommendation to Records Office, A-1.