

REFERENCE FORM
The University of Akron
Graduate Admission

Applicant Name: _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, if you enroll in The University of Akron's Graduate School, you have the right to review your educational records. The act further provides that you may waive your right to see recommendations for admission or financial aid. Please indicate below by checking the appropriate statement and signing your name whether you wish to waive this right. The Graduate School places no value on your decision in this matter.

I waive my right to access to this recommendation form.

I do not waive my right to access to this recommendation form

Quality Indicators	Below Average	Average	Above Average	Exceptional Superior	N/A
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Intellectual ability

What do you consider to be the applicant's major strengths? _____

Please identify one area where the applicant needs further development _____

Would you allow the applicant to care for you or a loved one?
