

UNIVERSITY OF WASHINGTON SCHOOL OF DRAMA

Letter of Recommendation Form

This section to be filled in by the applicant (please print or type):

Name: _____

Proposed degree and area of study: _____

Waiver (see statement on confidentiality below): In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this letter.

Signature: _____ Date: _____

Federal law gives students the option of waiving their rights to see specific letters of recommendation. If the applicant has waived this right by signing the waiver above, this letter will be held confidential. If the applicant has not signed the waiver, it will be assumed that this letter may be seen by the applicant if he or she enrolls in the University of Washington School of Drama.

Please attach your letter of recommendation to this form. Mail to **Graduate Programs, School of Drama, University of Washington, Box 353950, Seattle WA 98195-3950.**

Please fill out the following, if not included on attached letter:

Name _____

Position _____

Address _____

e-mail: _____