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.

RO:Iw

08/2016