



**Graduate Program Application  
Letter of Recommendation Form**

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As an applicant to a graduate program in the **Department of Psychological Sciences** at Western Kentucky University, I have been asked to obtain a letter of recommendation concerning my qualifications for graduate school. According to the Privacy Act of 1974, a student may voluntarily waive the right of access to confidential information such as letters of recommendation. Without the waiver the student will, upon request, be permitted to inspect letters of recommendation. I do        or do not        waive my right of access to this letter.

I gratefully request that you write a letter of recommendation for me and mail it to: The Graduate School, Western Kentucky University, 1906 College Heights Blvd., #11010, Bowling Green, KY 42101-1010.

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Student's Name (print or type)

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Signature of Student