

**LETTER OF REFERENCE  
BRYN MAWR COLLEGE  
Bryn Mawr, PA 19010**

To Be Completed by the Candidate

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Candidate's Name

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Graduation Date

Degree

Date (to be) Awarded

Major Field

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Under the provision of the PA Right To Know Law and the Federal Family Educational Rights and Privacy Act of 1974  
(must check one):

I RETAIN my right to review this letter,

OR

I WAIVE my right to review this letter

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Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

To the Author:

Please type your comments on this or an attached sheet and return this form directly to **Career Development, Bryn Mawr College, Bryn Mawr, PA 19010**. THIS FORM SHOULD NOT BE RETURNED TO THE CANDIDATE.

Name (typed) \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Author's Signature \_\_\_\_\_ Date \_\_\_\_\_