



Hebrew College, 160 Herrick Road, Newton Centre, MA 02459
Office of Admissions: 617-559-8610 • Fax: 617-559-8601 • admissions@hebrewcollege.edu

LETTER OF REFERENCE

To be completed by the applicant:

Applicant (Name) _____ (Phone) _____

Proposed Degree/Certificate Program _____

Reference (Name) _____ (Title) _____

Reference (Address) _____ (Phone) _____

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of evaluation. Please check one option below.

- I hereby waive my right of access to this document should I matriculate to Hebrew College.
- I hereby do not waive my right of access to this document should I matriculate to Hebrew College.

Applicant's Signature _____ **Date** _____

To be completed by the reference:

Please evaluate the applicant's capacity for success in his/her proposed field of study, commenting when possible on the candidate's academic potential and ability. Please include how long and in what capacity you have known the applicant. Attach additional sheets if necessary.

Reference's Signature _____ **Date** _____

Reference's Email _____