

*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.