

TO THE APPLICANT

After completing all the relevant questions below, give this form to instructors whose courses you are enrolled in at the time you file your application and ask them to provide a general indication of your performance, including your current grade and (if they wish) additional comments, and to sign and date the form. They should also provide the course title, number, and credits.

Legal Name \_\_\_\_\_  
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.

Birth Date \_\_\_\_\_ CAID (Common App ID) \_\_\_\_\_  
mm/dd/yyyy

Address \_\_\_\_\_  
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

College or University you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_


**IMPORTANT PRIVACY NOTICE:** By signing this form, I authorize every school that I have attended to release all requested records and recommendations to colleges to which I am applying for admission. I also authorize employees at these colleges to confidentially contact my current and former schools should they have questions about the information submitted on my behalf.

I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf.






- I have chosen not to waive my right to review my recommendations and supporting documents. I understand that my decision may lead my counselors or teachers to decline to write recommendations on my behalf. I also understand that my decision may lead colleges to disregard any recommendations submitted on my behalf.

I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my selections cannot be changed after any recommendation or application submission.

**Required Signature**  \_\_\_\_\_ Date \_\_\_\_\_

TO THE INSTRUCTOR

The Common Application membership finds it helpful to receive a general indication of how the student is performing in the courses he/she is currently enrolled in as they choose from among highly qualified candidates. **Be sure to sign below.**

Course Title/Department _____	Course Number _____	Credits _____
Current Grade _____ Comments (Optional) _____		
Professor's Signature  _____	Date _____	
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Course Title/Department _____	Course Number _____	Credits _____
Current Grade _____ Comments (Optional) _____		
Professor's Signature  _____	Date _____	
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Course Title/Department _____	Course Number _____	Credits _____
Current Grade _____ Comments (Optional) _____		
Professor's Signature  _____	Date _____	
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Course Title/Department _____	Course Number _____	Credits _____
Current Grade _____ Comments (Optional) _____		
Professor's Signature  _____	Date _____	
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Course Title/Department _____	Course Number _____	Credits _____
Current Grade _____ Comments (Optional) _____		
Professor's Signature  _____	Date _____	