



IRVINE UNIVERSITY

OFFICE OF ADMISSIONS

10900 183RD ST. SUITE #330 • CERRITOS, CA 90703
(562) 865-7111 Tel. • (562) 865-5511 Fax. • www.irvineuniversity.edu

RECOMMENDATION

This portion to be completed by the applicant.

After filling out the top portion, please give this form to a professor, professional associate, employer. Have the recommending person submit this form with the letter of recommendation directly to the Office of Admissions.

Applicant's First Name Last Name Middle Initial

Street address or post office box number Phone Number

City State Zip Code

This recommendation is from a (check one):

- Teacher/Professor Professional acquaintance
 Employer Other _____

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

1. I waive my right to examine this form. _____
Applicant's signature date

2. I do not waive my right to examine this form. _____
Applicant's signature date

This portion to be completed by the recommender.

The individual named above is applying for admission to Irvine University College of Law. Please note the provisions of the Family Education Rights and Privacy Act of 1974 as indicated above which give the applicant the right to review the contents of this recommendation unless the right to do so has been waived by signing the waiver above.

Recommender's First Name Last Name Middle Initial

Street address or post office box number Phone Number

Department Institution/Organization

City State Zip Code