

REQUEST FOR LETTER OF RECOMMENDATION

Writer's Name: La Pearl Logan Winfrey, PhD, Associate Dean for Clinical
Training and Psychological Services

Student's Name: _____

Address: _____

City, State, Zip: _____

I hereby authorize Dr. Winfrey to write a letter of recommendation on my behalf to the internship sites to which I am applying.

I authorize the release of the following information regarding my student record to be included in a letter written on my behalf:

Grades earned and Grade Point Average

Class Schedule

Written comments from instructors & supervisors regarding academic and professional performance

Employment information including employer, position held, work address or work phone number.)

Academic and clinical performance information, such as suspension, probation, complaints.

Send letter to:

See my Internship Site List for specific contact names, agencies and addresses.

I waive my right to review this letter

I do not waive my right to review this letter

Student

Signature _____ Date: _____