

Geisinger Medical Center
School of Radiologic Technology

Letter of Recommendation Instructions and Waiver

Part A: Completed by Applicant	
Name:	
Address:	Phone:
I waive my right to examine this letter of recommendation under the "Family Rights and Privacy Act". <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant:	Date:
Instructions: Present this form to the recommender with Part A completed. If the letter is mailed by the applicant, it must be sealed bearing the recommender's signature across the envelope's flap	

Part A: Completed By The Recommender	
Name:	
Address:	Phone:
e-mail address (optional):	
Instructions: The letter with this completed form must be received no later than December 31 st . It is suggested that when appropriate business letterhead be used. It is recommended that the following statement be included in the closing of the letter if the applicant has waived the right to review your letter. I understand that the applicant has waived any rights to review this letter under the "Family rights and Privacy Act".	
Mailing Address: Kenneth Roszel Geisinger Medical Center 100 N. Academy Ave. Danville, Pa 17822-1522	Inquires: Program Director: Kenneth Roszel, MS, RT(R) Phone: (570)-214-9253 E-mail: kroszel@geisinger.edu

THIS FORM MAY BE PHOTOCOPIED