

Student Request for a Letter of Recommendation or Verbal Reference

If the student would like a letter of recommendation or a verbal reference from their Cleveland Clinic clinical or classroom instructor, the student must provide the following information and sign one of the two statements* below. **No student information will be released without completing this form.**

Student's Full Name: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Permanent Phone Number: _____

The letter for recommendation or verbal reference is for:

Employment **Graduate/Professional School** **Other: (Please Specify)** _____

The information on the back of this page will be used for writing the letter of recommendation for the student or providing a verbal reference when asked.

I am requesting _____

(identify CCF clinical instructor or classroom instructor)

to provide a written letter of recommendation and/or verbal reference to:

Name: _____

Institution/Company/College: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

OR

I authorize CCF to release my information to any future requestors. I will notify CCF of such requestors via email

Please note: There is a 3 year time limit for these requests

Letter of Recommendation Due Date: _____

***The student must sign and date ONE of the following statements:**

1) I wish to have access to the information on this form and/or written letter of recommendation, and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C. 1232 g (a) (1), I have the right to read this recommendation.

Applicant's Signature: _____ **Date:** _____

❖ If signed above, please provide a self-addressed stamped envelope.

2) I hereby waive any and all access rights granted me by the above laws to this recommendation/reference.

Applicant's Signature: _____ **Date:** _____

Office Use ONLY!	Date Sent:	
-------------------------	-------------------	--

Student's Name: _____ Date: _____

Academic Institution: _____

Clinical Rotation: _____
(Type of Rotation)

	Needs Improvement	Meets Most	Fully Meets	Exceptional Performance	Not Observed
Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Attributes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In my opinion, this student has the potential to be a Cleveland Clinic employee.

Yes No Student is too new to rate Undecided

Print Name: _____
(Clinical Instructor/Classroom Instructor)

Signature: _____ Date: _____
(Clinical Instructor/Classroom Instructor)

CCF Location: _____
(CCF Hospital, Family Health Center, etc.)