

Letter-of-Recommendation Waiver form

Name of recommendee: Social Sec. No.
Electronic mail address (if any)
of recommendee: Major Dept.

I waive my right of subsequent access to this recommendation form. (*Please sign and date*)

Signature

Date

Recommender: Dr. Jonathan King, Assoc. Prof., *Univ. of Florida, Gainesville FL 32611-2082, USA*
Tel. 352-392-0281 x270 squash@ufl.edu Webpage <http://people.clas.ufl.edu/squash/>
