



DIOCESE OF PATERSON
Catholic Schools Office

777 Valley Road
Clifton, New Jersey 07013

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www.patersondiocese.org

WAIVER FORM FOR LETTERS OF RECOMMENDATION
FOR TEACHER APPLICANTS

To the Applicant: Complete this part of the form and give it to the person from whom you have requested a letter of recommendation. Inform the person providing the reference to send the letter of recommendation to the address on the letterhead. **No recommendation will be accepted unless this form appropriately signed is attached. Place a check [✓] in the appropriate space and sign and place the date in the appropriate place.**

Letters of recommendation are NOT CONSIDERED confidential by this office unless you waive your right of access to them. Those writing letters of reference for you need to be aware of this fact. Many applicants feel that the recommendations may be enhanced by having it made clear that the applicant has waived his or her rights to access and thus that such letters are then considered confidential.

_____ I waive my right of access to this recommendation:

_____ I DO NOT waive my right of access to this recommendation:

Signature of Applicant: _____ Date: _____

To the Recommender: Be aware that the letter of recommendation that you write for the applicant will be made available to Diocesan Catholic Schools Office staff and all principals in Catholic schools in the Catholic Diocese of Paterson who are interested in considering the applicant for a position in a Catholic school. It will not be made available to anyone else, even at the request of the applicant or the recommender. The applicant may also have access to your letter of recommendation if he or she has not waived right of access and indicated such above.

Signature of Recommender : _____ Date: _____