UNIVERSITY OF FLORIDA

Freshman Recommendation Form

The top section of this form is to be completed by the student, then given to a guidance counselor or teacher to complete the bottom section.

Social Security Number: _____

Name: _____

School: _____

WAIVER OF RIGHT TO ACCESS

I hereby agree to waive my right to inspect this form and any enclosures attached hereto. This statement is in accordance with the Family Educational Rights and Privacy Act of 1974.

❑ I do ❑ I do not

Signature: _____

This section to be completed by Guidance Counselor or Teacher

Name: _____

Relation to student: _____

Signature: _____

Please provide us information on how this student will contribute to the University of Florida community. Your reflections are valued by the UF admissions staff and we appreciate your recommendation. Feel free to attach an additional page if necessary or if you have already completed another university's form, please attach in lieu of completing this form.

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Please return this form to:
Admissions Office, 201 Criser Hall, PO Box 114000, Gainesville, FL 32611-4000