



DEAN'S REPORT

Transfer Candidates Only

To the Applicant:

1. Please complete this section, including the waiver statement.
2. Give this report to the Dean of Students of your current (or most recent) college. The Dean should forward this form directly to Southern Vermont College.

Name of Student _____ XXX-XX-
Social Security No. _____

Mailing Address _____
Street _____

_____ City State Zip

College/University _____ Dates Attended _____

Family Education Right and Privacy Act of 1974

The purpose of this recommendation is to assist in the making the admission decision. Under the provisions of this Act, you have the right, if you enroll at Southern Vermont College, to review your educational records.

I waive _____ I do not waive _____ any rights of access that I may have to this recommendation form.

Applicant's Signature _____ Date _____

