REFERENCE FILE MAILING REQUEST FORM

Note: All information on this form must be typed or clearly printed. There is a three dollar ($3.00) charge per mailing. Make checks payable to Vassar College. Payment must accompany your request. Thank you.

_____

Name in College: (Last) (First) (Middle) (Class)

_____

Current Name (if different) (Today's Date)

Send recommendations to: (Addresses must be complete & legible)

_____

_____

_____

_____

Note: Your request will be handled more quickly if you supply pre-addressed envelopes.

List the names of recommendors whose letters you wish sent:

_____

_____

_____

Is there a deadline by which these references should be received?_____ Remember, it is your responsibility to provide adequate notice. If essential, requests may be faxed to (845) 437-7257.

_____

(Signature)

_____

(Current address) (Phone)

For Office Use:

DI:_____ DO:_____ Recorded:_____

Fee Received:_____ Cash:_____ Check:_____