

**To Be
Completed
by the Applicant**

Name _____ SSN# _____ (requested)

Public Law 93.390 allows the applicant a choice regarding access to letters requested after January 1, 1975. Because the Phi Beta Kappa Society believes that letters submitted in confidence carry a greater weight, it is suggested that the right to access be waived. *It is essential that the applicant complete the following statement.*

I hereby waive do *not* waive access to this letter

Signature _____ Date _____

**To Be
Completed
by the Reference
and Returned to
the Applicant**

The Mary Isabel Sibley Fellowship application procedure requires the applicant to gather individual letters of recommendation, as well as other documents, and submit four complete sets to the selection committee. An advantage of this system is that the student knows the application is complete when submitted. After completing your letter of recommendation, please print and sign four copies, place them in a single envelope addressed to the applicant, seal the envelope, and sign and date it across the seal. *Return it to the applicant*, who will forward it to the Phi Beta Kappa Society, unopened, with the application materials. The applicant has indicated above whether access to this recommendation has been waived. We appreciate your cooperation.

Signature _____ Date _____

Please print clearly below:

Name _____

Position _____

Address _____

E-mail _____ Daytime phone _____

