REFERENCE FORM
DEPARTMENT OF VISUAL STUDIES
MA in Art History
University at Buffalo

Candidate's Name _____ Date_____

_____ _____ _____
Major Degree Date Expected/Recd

Waiver of Right of Access to Confidential Statements:
I have asked _____ to write a letter of recommendation for me in support of my background and experience. I hereby waive my right to inspect the letter which appears on this form and attachments of continuation. I understand I am not required by the institution to waive that right.

_____
Signature

Signature _____ Date _____

Name _____ Title _____

Address _____
(Department/Organization) City State Zip Code

RETURN TO:
Director of Graduate Studies
DEPARTMENT OF VISUAL STUDIES
University at Buffalo
202 CFA
Buffalo, NY 14260 -6010