# STATE UNIVERSITY OF NEW YORK AT STONY BROOK

**RELEASE FORM**

The collective bargaining agreement for professional employees at the State University of New York at Stony Brook provides the opportunity for persons writing solicited recommendations to indicate whether or not they are willing for the candidate to have access to such requested information. Please check the appropriate statement below and return this form with your letter. Failure to return this form will be interpreted as a denial of access.

Thank you.

**\_\_\_\_\_\_ The candidate may read my letter of recommendation.**

**\_\_\_\_\_\_ The candidate may not read my letter of recommendation.**

**\_\_\_\_\_\_ The candidate may read my letter of recommendation if all identification as to**

 **its source is deleted.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_