

## Reference Form

### Doctoral Program in Clinical Psychology (Psy.D.)

**To the applicant:**

Fill in your name and address. Three references are required. One may be from an undergraduate professor or administrator at the college/university where you received your degree. The other two must be from psychologists.

Last Name	First	Middle Initial	Social Security Number
Street	City	State	Zip

In accordance with the Family Education Rights and Privacy Act of 1974, you have the right to review this reference if you enroll in Marywood University. The act also provides that you may waive your right by signing the statement below.

I hereby  waive  do not waive my right of access to this reference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To the person completing this reference:

Please attach this completed form to your letter of reference and return the letter in a sealed envelope to the applicant. It is the applicant's responsibility to submit all materials.

Name (Please print or attach business card)	Title	Profession	
Organization	Street		
City	State	Zip	Telephone
Signature			Date