NEWMAN CATHOLIC CENTER
PEER MINISTRY PROGRAM RECOMMENDATION FORM

Applicant Name_____
Application Due Date: **9 April 2010**

Reference Name _____

Phone Number ( )_____ Email _____

Please describe your relationship to the applicant and return this recommendation form with your letter of recommendation directly to:

In-Person: Deacon Richard Talbot
(or any other Newman staff member)
Newman Catholic Center
472 North Pleasant Street
Amherst MA 01002

By Mail Deacon Richard Talbot
Newman Catholic Center
472 North Pleasant Street
Amherst MA 01002

By FAX Deacon Richard Talbot
413-548-9182

Waiver of access
CONFIDENTIAL
I, the applicant, waive my right to access (as afforded under state law) to the information provided in the Letter of Recommendation.

_____ _____
Signature Date

NON-CONFIDENTIAL
I, the applicant, retain my access (as afforded under state law) to the information provided in the Letter of Recommendation.

_____ _____
Signature Date