

State University of New York
Binghamton University
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Binghamton, New York 13902-6000

RELEASE FORM

Your response to the following will determine whether or not your statement is made available to the following employee:

(Name of Employee)

May the employee read this recommendation? Yes ___ No ___

Only if your answer to the above is **no**, may the employee read this recommendation **if all identification as to its source is deleted**?

Yes ___ No ___

If you do not reply to the above, or if your response to both questions is negative, your statement will not be made available to the employee.

Please attach this form to your statement

Printed Name

Signature

Date