

## REFERENCES

Please provide the names and contact information of persons willing to provide a reference. The admissions office will contact your references and will supply them with the appropriate form. Three references are required.

### Pastor

Name	Location
Email	Phone

### Professor

Name	Location
Email	Phone

### Employer

Name	Location
Email	Phone

Under the United States Family Education Rights Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. I understand letters of recommendation are used for admissions purposes only, will be destroyed if I enroll at PLTS, and will not become part of my permanent record.

I waive my right to examine recommendation letters.

I do not waive my right to examine recommendation letters.

### Applicant's Signature

### Date

In submitting this application I have provided accurate and true information in the application form and all attached documents, and understand that my application is not complete until official transcripts, letters of reference, the application fee and all additional materials are sent to PLTS. I understand that the admissions office, as a matter of course, may share information with the other seminaries of the Evangelical Lutheran Church in America and the Graduate Theological Union.

**Instructions:** Complete this form, save it to a known location on your computer, attach it to an email and send it to: **admissions@plts.edu**. Or print, sign, and mail it to: PLTS Admissions, 2770 Marin Avenue, Berkeley, CA 94708. For assistance please call 510.559.2730 or email: **admissions@plts.edu**