



**MAHARISHI SCHOOL OF THE AGE OF ENLIGHTENMENT**  
ADMISSIONS OFFICE, 804 DR ROBERT KEITH WALLACE DRIVE, FAIRFIELD, IOWA 52556  
TEL: (641) 472-9400 FAX: (641) 472-1211

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## PERSONAL RECOMMENDATION

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### Instructions for the Applicant:

Please complete the information in the first part of this form, and then give this form to a principal, guidance counselor, recent teacher, or recent employer.

Name of applicant \_\_\_\_\_

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Telephone (\_\_\_\_\_) \_\_\_\_\_

Anticipated date of Maharishi School enrollment \_\_\_\_\_ Grade level entering \_\_\_\_\_

The Family Education Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. Please check the appropriate box below and sign your name.

I waive  I do not waive my right of access to this letter of recommendation under the provisions of "The Family Education Rights and Privacy Act of 1974."

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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### Instructions for the individual making the recommendation:

A. Maharishi School of the Age of Enlightenment would appreciate your candid evaluation of the above-named applicant. Your answers will be very helpful in evaluating the applicant for admission to Maharishi School. If the applicant has checked the "I do not waive" box above, then the applicant will have the right to review your evaluation under the Family Education Rights and Privacy Act.

B. When completed, please return the recommendation directly to Maharishi School at the address above.

1. What is your profession? \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. What is your affiliation with the applicant? \_\_\_\_\_

