

UUP/State Agreement Article 31.2 Solicited Materials Form

Please complete this form and return it with the materials requested.	
Candidate:	
Reviewer Name	
Reviewer Title	
Reviewer Affiliation	
Reviewer Signature (Note: cannot type, must print for original signature)	

Check One Box

1. The candidate may read and make a personal copy of this recommendation with identification as to its sources included.

OR

2. The candidate may read and make a personal copy of this recommendation if all identification as to its sources is deleted.

OR

3. The candidate **may not** read nor make a personal copy of this recommendation.