



## Personal Reference

This letter should be from a friend, employer, or teacher who has known the applicant two or more years.

### To be completed by the applicant:

Name of applicant: \_\_\_\_\_  
(Last, First, Middle)

Name of reference: \_\_\_\_\_  
(Last, First, Middle)

Optional Waiver: This letter of reference is written to support my application to the L. Jeffrey Selznick School of Film Preservation.  
I waive future access to this statement.

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_  
(If waived, send to the address below. Otherwise, return letter along with application.)

### To be completed by the reference:

How long have you known the applicant? \_\_\_\_\_ In what capacity do you know the applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Your letter of reference is a vital part of admission to the L. Jeffrey Selznick School of Film Preservation. Students in the school are expected to be mature individuals capable of working both independently and with others. They must also display a capacity for handling difficult subject matter. Please describe any strengths, weaknesses, special talents, and/or abilities the applicant has shown.

\_\_\_\_\_  
\_\_\_\_\_  
(Please use back of this sheet or attach additional page, if necessary.)  
Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_



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\_\_\_\_\_  
\_\_\_\_\_  
(Please use back of this sheet or attach additional page, if necessary.)  
Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_



## Professional Reference

This letter should be from someone who has observed the applicant's interest in film archiving and skills related to preservation work.

### To be completed by the applicant:

Name of applicant: \_\_\_\_\_  
(Last, First, Middle)

Name of reference: \_\_\_\_\_  
(Last, First, Middle)

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Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Please use back of this sheet or attach additional page, if necessary.)

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_