

# DOCTOR OF MINISTRY m at

Erks School of Theology and I am giving your name as someone who would be willing to make an appropriate statement of reference. Please use this sheet to make a statement concerning my personal, professional, and academic qualifications for successfully completing this program. Thank you.

## OPTIONAL WAIVER

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND  
PRIVACY ACT OF 1974, SEC. 438 (A) (A) (B) (C), I HEREBY  
WAIVE MY RIGHT TO REVIEW THIS STATEMENT.

DATE \_\_\_\_\_

(SIGNATURE OF APPLICANT)

PLEASE NOTE: IF THE APPLICANT WAIVES HIS/HE