

APPLICATION FOR ADMISSION PAVE Program Reynolds Community College Phone (804) 523-5572 Fax (804) 371-3527pave@reynolds.edu

NAME	
First	Middle Initial Last
ADDRESS	CITY
STATEZIP	
HOME PHONE	CELL PHONE
EMAIL	
DATE OF BIRTH//	Sex (circle one) MALE FEMALE





Authorization for Exchange and Release of Information Reynolds Community College PAVE Program Phone (804) 523-5572 Fax (804) 371-3527

Date:	
From:	(Student name)
То:	(DARS Counselor)
To:	(Other
Subject: Verification and Documentation of Disability	

Student Address:

Date of Birth		
	Date of Birth	





Reference Form Reynolds Community College Program for Adults in Vocational Education Phone (804) 523-5572 Fax (804) 371-3527

To be completed by applicant:	
Applicant Name	
Date of Birth	
Program to which student is applying (circle one): Clerical Child Care Food Service Health Car	e
The Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational	records.
Students, however, are entitled to waive their right of access concerning references. The following statement is the	e
applicant's wish regarding this reference.	
I waive my right to inspect the contents of this reference I do NOT waive my right to inspect	this
reference	
Student's Signature Date:	
To be completed by recommender:	
Reference's Name:	
Telephone:	
Email:	
How long have you known the applicant? Organization:	May we
contact you regarding this applicant?YESNO	
Relationship to student:	

How would you assess the student in the following areas with regard to their intended program of study?

	Superior	Above Average	Average	Poor	Unknown
Study Skills					
Social Skills					
Motivation					
Cooperation					
Attitude					
Reliability					





Reynolds Community College Program for Adults in Vocational Education Phone (804) 523-5572 Fax (804) 371-3527

To be completed by applicant:		
Applicant Name		
Date of Birth		
Program to which student is applying (circle one): Clerical The Education Rights and Privacy Act of 1974 and its amendmen Students, however, are entitled to waive their right of access conc applicant's wish regarding this reference. I waive my right to inspect the contents of this reference reference	ts guarantee students access to their educationa erning references. The following statement is t	ll records. he
Student's Signature	Date:	-
To be completed by recommender:		
Reference's Name:		
Telephone:	_	
Email:	_	
How long have you known the applicant?O O contact you regarding this applicant?YESNO	rganization:	May we
Relationship to student:		

