



StepUP Program Recommendation Form

Augsburg College StepUP Program
2211 Riverside Avenue South, Box 82
Minneapolis, MN 55454
Confidential fax (612) 330-1682

Return completed form (all 4 pages) to the above address or fax number.

A recommendation for this applicant is being requested from:

- | | | | |
|--------------------------|--|--------------------------|---------------------------|
| <input type="checkbox"/> | most recent chemical dependency counselor (e.g. Counselor from Extended Care or Halfway House) | <input type="checkbox"/> | AA / NA / 12-step sponsor |
| <input type="checkbox"/> | therapist / psychologist / mental health professional | <input type="checkbox"/> | sober house manager |
| <input type="checkbox"/> | probation officer / corrections professional | <input type="checkbox"/> | Other _____ |

SECTION 1 (to be completed by Applicant)

Applicant name (print) _____
last first middle

Release of Information: I hereby consent to the release of information necessary for the StepUP Program staff to determine my appropriateness/readiness for the Augsburg College StepUP Program.

I waive my access to this recommendation. yes no

Applicant signature _____ date _____

SECTION 2 (to be completed by Reference)

Reference name (print) _____
last first middle

Relationship to Applicant _____

Length of acquaintance with Applicant _____

Address _____

Daytime tel # _____

c. Relationship issue recommendations, including dating and sexuality.

d. Environments to avoid and length of time to be avoided.

e. Dual dependency issues and recommendations.

Reference Signature _____ Date _____

Thank you for your assistance. Return completed form (all 4 pages) to:

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