TO APPLICANT: The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled in the university) the right to inspect forms and letters of recommendation written in support of an application for admission and financial assistance. In addition, the law permits students to expressly waive the right to inspect forms and letters submitted on their behalf, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment.

Please complete the following form indicating your wish to waive or retain your right to inspect a form and/or letter of recommendation submitted in your behalf and submit it with each recommendation form that you send or give to an individual who is asked to submit a recommendation on your behalf.

NAME ___________________________________________________ E-MAIL __________________________

Last (family) Name   First Name   Middle Initial

I have read and understand the regulation concerning Waiver of Access to Forms and Letters of Recommendation. Having read this information I choose one of the following options below:

☐ I agree to waive access to this form and letter of recommendation.

☐ I do not agree to waive access to this form and letter of recommendation.

Date ___________________________ Signature ___________________________

Name of the Recommender ___________________________________________

Please mail or give this waiver form to your recommender, named above, together with the recommendation form provided.