

Rowan University Health Professions Committee Recommendation Access Waiver Form

The Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) gives students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications for admission, employment, or awards. The law also permits students to waive that right if they choose, although such a waiver is voluntary and cannot be a condition of admission, employment, or award.

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STUDENTS

Please complete this form (which, except for the signature, may be filled out online) and give it to your recommender. Letters of recommendation cannot be not considered valid unless accompanied by this form. Letters and forms are to be mailed directly by your recommenders to the address below.

Name (please type or print):

First, Last, MI: _____

In accordance with the Family Educational Rights and Privacy Act of 1974, I, the above named student, hereby permanently

WAIVE

DO NOT WAIVE

any and all right of access to or inspection of the letters of recommendation in my application folder.

Signature: _____ Date: _____

Note: the absence of a signature on the line above indicates the right to access has not been waived.

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