

## Pre-Professional Evaluation Waiver Form

### (Submit to 107 Scates Hall)

Federal regulations indicate that applicants to professional schools may be given the option to have either open or confidential recommendations. It is typical of professional school applicants to waive their rights to viewing letters of recommendation, so that the contents of their letters remain confidential. Letters are generally not as candid if the applicant has access to review his or her file, however, students are under no obligation to waive their right.

If you desire the recommendations to be kept confidential, meaning you will not be able to view your file, sign the appropriate place on **Option 1**. If you desire that your recommendations be kept open, meaning you will be able to review your file, sign the appropriate place on **Option 2**.

**Please carefully read and consider each option, then indicate your choice.**

\_\_\_\_\_ **Option 1: Waive the Right of Access**

I hereby **Waive the Right of Access** to review all letters, statements, and memoranda of recommendation respecting application for admission to any health science professional school. I understand that I do not have access to the records in the file maintained in my name in the Pre-Professional Advising Office and that I further authorize and direct the Pre-Professional Advising Office to transmit copies of the records in my file to officials of health science programs designated on my Pre-Professional Data Form. Such transmittals are to be effected in conformity with the conditions specified by law for safeguarding the confidentiality of records so transmitted.

\_\_\_\_\_ **Option 2: Do Not Waive the Right of Access**

I hereby **Do Not Waive the Right of Access** to review all letters, statements, and memoranda of recommendation respecting application for admission to any health science professional school. I understand that I have access to the records in the file maintained in my name in the Pre-Professional Advising Office and that I further authorize and direct the Pre-Professional Advising Office to transmit copies of the records in my file to officials of health science programs designated on my Personal Data Form. Such transmittals are to be effected in conformity with the conditions specified by law for safeguarding the confidentiality of records so transmitted.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date