

APPLICANT INFORMATION

			____ / ____ / ____ DATE OF BIRTH (MM/DD/YYYY)
LAST NAME	FIRST NAME	MIDDLE NAME	
TERM	DEGREE	PROGRAM	

Under the Family Education and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the persons from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

- I waive my right to examine this letter
 I do not waive my right to examine this letter

RECOMMENDER INFORMATION

FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT
ADDRESS LINE 1	TITLE/POSITION	
ADDRESS LINE 2	EMPLOYER/SCHOOL AFFILIATION	
CITY	STATE	ZIP
COUNTRY	PHONE	

OVERALL RECOMMENDATION