

Committee Letter of Evaluation Waiver Form

Prehealth Advising Committee, Old Main 1B90, University of Colorado, 273 UCB Boulder, CO 80309

Overview

Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A. Section 1232 (a) (1), a student has the right to inspect and review confidential letters and statements of recommendation respecting admission to any educational agency or institution unless the student has expressly waived his/her right of access. Accordingly, please note that each *Request for Letters of Recommendation* form invites the student to indicate whether the student wishes to waive or retain his/her right to that specific letter.

The optional waiver for the *Committee Letter of Evaluation* is set forth below. The Committee Letter of Evaluation is based on the interview, transcripts, essay, forms and letters of recommendation in the Committee Letter Credentials File. If a student retains his/her right of access to the Committee Letter, and if some or all of the individual letters were provided on a confidential basis, the student will have access to only that (those) portion(s) of the composite letter that is (are) derived from non-confidential sources. If a waiver is not indicated, the student has right of access. The Prehealth Advising Committee has the obligation to incorporate a statement concerning whether or not the student has waived access as part of the Committee Letter of Evaluation that is sent to medical schools. If a letter of recommendation is accompanied by a waiver form, that form accompanies the letter sent to medical schools.

Waiver Option for Committee Letter of Evaluation

I, _____, have read and understand the statements above and
(name)

I hereby choose the following option:

- It is my desire that this recommendation be CONFIDENTIAL; that is, I wish to waive my right of access to the Committee Letter of Evaluation prepared by the University of Colorado at Boulder's Prehealth Advising Committee for my application to health career schools.
- It is my desire that this recommendation be NON-CONFIDENTIAL; that is, I wish to retain my right of access to the Committee Letter of Evaluation prepared by the University of Colorado at Boulder's Prehealth Advising Committee for my application to health career schools.

Signature _____

Date _____

CU ID# _____