

# Health Professions Office Waiver

## Applicant Agreement

I agree that the summary letter of support written on my behalf by the Health Professions Advisor will remain confidential. I hereby voluntarily and irrevocably waive all rights of access to this statement as conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise.

I grant permission to the Health Professions Advisor to include, in the summary letter that will be sent to the programs to which I am applying, an overview of my academic record and specific reference to my grades. I am aware that the Health Professions Advisor will review my file in the Office of the Dean of the College, including records of any disciplinary action.

I agree that the evaluations written on my behalf to support my candidacy to a health professions program will be released only for that purpose, and in support of related scholarships. Exceptions will be made for job applications only if the author signed the appropriate section of that waiver form, or if all supporting authors agree to an additional release.

Name (please print) \_\_\_\_\_ Class \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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