

Pre-Professional Committee Letter Request Form

Due April 15, 2010

The purpose of this form is to notify the Pre-Professional Committee that you will be applying to health professional school in order to receive a committee letter of evaluation. Complete and check the following as appropriate. Please print clearly.

The Family Educational Rights and Privacy Act of 1974 gives individuals the right to inspect letters of recommendation written in support of an application for admission, fellowships, or other forms of financial assistance. In addition, the law permits students to expressly waive the right to inspect letters submitted on their behalf.

I, the undersigned, understand my rights. I hereby waive any and all rights to access the committee letter of recommendation. I understand that this agreement is binding and that I do not retain any right to revoke or amend this waiver. Furthermore, I grant permission to the pre-professional committee to review and release any and all personally identifiable information contained in my letters of recommendation and educational records. This allows the committee to disclose my letters of reference and educational records to another educational institution in which I seek admission or intend to enroll (see attached list of schools).

(Print Student Name)

(Student ID#)

(Student Signature)

(Date)

- I will apply to **medical** school for admission in 2011
 - I am considering only allopathic medical schools.
 - I am considering only osteopathic medical schools.
 - I am considering osteopathic medical schools as well as allopathic.
 - I am considering MD/PhD programs

- I will apply to **dental** school for admission in 2011
- I will apply to **veterinary** school for admission in 2011
- I will apply to **podiatric** medical school for admission in 2011
- I will apply to **optometry** school for admission in 2011

- I will apply to a health professional program that requires or recommends I go through the Pre-Professional Committee to obtain a letter of evaluation.
Name of Program _____

