To the student: Please fill in the requested information in this box:
Name: ________________________________________________________________
Radford University Student ID: _____________________________________________
Applying for Admission to (MD, DO, PA, Pharmacy, etc.): _______________________
Applying for Admission in Year: ____________________________________________

WAIVER OF STUDENT’S ACCESS TO LETTER OF EVALUATION

I, the undersigned, waive any rights of access to this evaluation accorded me by the Family Education Rights and Privacy Act of 1974 as amended and as described in 20 USC 123g (A) (1) (B) & (C), and sections 99.7 and 99.12 of the Rules of the Department of Heath and Human Services (45 C.F.R. part 99). I understand that my signature will make the Radford University Pre-Health Advisory Committee Letter of Reference a confidential letter written on my behalf.

_________________________________________ ________________________
Student Signature         Date

OR
I, the undersigned, do not wish to waive my rights of access to the Radford University Pre-Health Advisory Committee Letter of Reference. I understand the letter will not be confidential.

_________________________________________ ________________________
Student Signature         Date