**Statement of Confidentiality**

 **Waiver Form**

**Applicant:**

First & Last Name (*please print*) 

Email 

Contact Phone Number 

Applicants are required by law to disclose their wavier rights access prior to the composition of their letter of recommendation. This form must be given to the person whom you are requesting a letter of recommendation.

The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications of admission. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment.

The applicant above has chosen to:

[ ]  I expressly waive any rights that I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

[ ]  I do not waive any rights that I might have to access to this letter of

 recommendation.

**Applicant Signature: Date**

**Recommender**

First & Last Name (*please print*) 

Email 

Contact Phone Number 

\*Letters should be typed on official letterhead, signed, and dated.

This evaluation will become a permanent part of the named student’s application for consideration to the UCI Ayala School Postbaccalaureate Premedical Program. **We request that you return the letter (accompanying this form)** to our admissions address (shown below). We have a rolling admission process. It is to the student’s advantage that we receive your letter of recommendation as soon as possible. Thank you for your assistance.