

**RELEASE OF PREHEALTH COMMITTEE PACKET AND WAIVER OR RETENTION OF RIGHTS**

In accordance with the Family Educational Rights and Privacy Act of 1974, P.L. 93-380 (amended), reference to Section 438(a)(1)(B).

**AUTHORIZATION AND WAIVER FOR COMMITTEE EVALUATION**

If you wish to obtain a Committee Evaluation to support your application to professional school, you must sign I, and either IIA or IIB below.

**Note: Because of workload constraints in ASC, we cannot honor requests for Committee Evaluations which are submitted after the 1<sup>st</sup> Monday in January of the year of application**

**I. Authorization**

I hereby authorize the Pre-Health Committee or their representatives to (1) obtain my transcript(s) from the Registrar's Office and (2) evaluate my scholastic and personal qualifications and share their assessment with graduate and professional schools in connection with my endeavor to obtain a position for further study in a health-related program.

Date \_\_\_\_\_ Name \_\_\_\_\_

Class Year \_\_\_\_\_

The function of the Pre-Health Committee is to provide advice and guidance to students seeking admission to health profession schools. Our policy of discussing fully and completely with a student the information and records available to us pertaining to him/her will remain unchanged regardless of whether or not a waiver, as specified under the Privacy Rights Act, is signed. A number of faculty members feel that to be fully effective, evaluations should be confidential – in other words, that confidentiality is what makes an evaluation most worthwhile. We, therefore, urge that you carefully consider whether or not to sign the waiver of your right of direct access. Remember: whether you sign the waiver or not, nothing is transmitted unless you tell us to do so in writing, and it is your right to know whose statements are being forwarded.

**SIGN ONLY ONE**

**II A.** I, \_\_\_\_\_, hereby voluntarily waive my right under the Family Educational Rights and Privacy Act of 1974 to review letters of recommendation that I wished forwarded to professional schools.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OR**

**II B.** I, \_\_\_\_\_, wish to exercise my right under the Family Educational Rights and Privacy Act of 1974 to review my letters of recommendation that I wished forwarded to professional schools.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_