

PRE-HEALTH WAIVER

The Pre-Health Office agrees to release its Pre-medical or Pre-Health Professions Committee Letter of evaluation only to those schools or scholarship programs that you designated in writing. Your Committee Letter may include any or all evaluations or recommendations that are part of your file.

The Family Educational Rights and Privacy Act of 1974, as amended, gives you the right to inspect certain records, including letters or recommendation placed in your file after January 1, 1975. (Buckley Amendment to Bill PL 93-308). However, you may waive this right in writing. Letters of recommendation written in confidence may be given more credence by the recipient. Therefore, although you are not required to do so, we invite you to waive your right to access your Committee Letter.

Please choose one of the options below:

I, \_\_\_\_\_, AAMC # \_\_\_\_\_

a student at Haverford College, **agree** to waive any rights I may have to access to the Pre-Health Committee’s Letter of evaluation, and file recommendations, now or at a later time, according to the Buckley Amendment to Bill PL 93-308.

I, \_\_\_\_\_, do **not agree**, to waive my right to see my Pre-Health Committee’s Letter of evaluation, and file recommendations, now or at a later time, according to the Buckley Amendment to Bill PL 93-308.

Please provide the following numbers if you are also applying through these services:

AACOMAS # \_\_\_\_\_; TMDSAS# \_\_\_\_\_; AADSAS # \_\_\_\_\_

By signing below, you are requesting that the Pre-Health Office send a Pre-Health Committee letter of evaluation to the schools or scholarship programs designated by you in writing. If you request a Committee letter, the Pre-Health Office and the Pre-Health Committee are permitted to review your student records relevant for the preparation of its letter of evaluation and are permitted to disclose information from such records to schools or programs which you have designated. After you have requested your Committee Letter, your written consent is not required for the Pre-Health Committee’s review of records and disclosure of information.

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_