

WAIVER OF RIGHT OR ACCESS FORM

This form has been provided in the event that your recommender requires that you waive access to the Recommendation Form. Print one for each recommender. Complete and attach to the Recommendation Form.

WAIVER OF RIGHT OF ACCESS

*I hereby waive my right of access to this recommendation and any appropriate attachments which have been written by _____(name of recommender; **PLEASE PRINT**) in behalf of my application for an assistantship at Idaho State University. This waiver is effective insofar as the recommendation is used solely for the purpose of award of an assistantship.

Name _____ Date _____

Signature _____

*The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the name of all persons making such recommendations on his or her behalf. The University does not require that you make such a waiver as a condition for admission or award of an assistantship. However, under the legislation you have the option of signing such a waiver as above.