

**WAIVER OF STUDENT'S RIGHTS OF ACCESS TO
FACULTY AND PRE-HEALTH ADVISOR APPRAISALS**

***Note:** Please understand that by waiving your rights of access, you are agreeing that you will not be able to see or have a copy of any statements, evaluations, and/or letters of recommendation written about you at your request. Also, this means that others who have access to the letter cannot discuss the letter's content with you or select the "best" letters for you.*

I, the undersigned, am a student or former student at Tulane University, and I understand the rights accorded me by the Family Educational Rights and Privacy Act of 1974, as amended. Pursuant to 20 U.S.C. 1232g (A)(1)(B) & ©), and sections 99.7 and 99.12 of the Rules of the Department of Health and Human Services (45 C.F.R. part 99), pertaining to student privacy rights, I hereby waive any rights of access I have to confidential recommendations that I have asked to be written in my behalf and sent to the institutions I have designated and also those written pursuant to future requests.

I hereby acknowledge and agree that the above waiver was not required as a condition for my application to professional school, or receipt of financial aid or any other services or benefits from Tulane University.

Signature _____ Date ___/___/___

Name (Please Print) _____

I have read the waiver statement above and **do not** waive my rights of access to statements or evaluations written about me at my request.

Signature _____ Date ___/___/___

Name (Please Print) _____