Tulane University

RELEASE OF CONFIDENTIAL DOCUMENTS

Under the Family Educational Rights and Privacy Act, U.S. Code (20 USC 1232g.) commonly known as FERPA or The Buckley Amendment, your consent is required before information in your college files may be made available to persons outside the university. This statute mandates that we safeguard and protect the privacy and confidentiality of student records. It prohibits any discussion of matters related to enrollment and attendance at Tulane University with anyone other than the student except by written permission of the student. By signing this form you give written consent to the Pre-Health Advising Office to release copies of your file to Health Professional Schools and scholarship/fellowship committees at their or your request.

I authorize the Pre-Health Office to draft, accept, duplicate, and transmit references and materials to prospective health professional schools, and fellowship, scholarship and award committees at the request of myself, health professional schools, fellowship, scholarship and award committees.

If for any reason you subsequently decide to cancel this release, please submit a letter withdrawing consent, indicate the person(s) affected.

Signature ______________________________ Date ______________

Name (please print) ____________________________________________
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 which 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) ______________________________________________________