

**Waiver of Access to Student Records**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand letters and statements of recommendation concerning me are to be received and maintained by scholarship/fellowship programs, educational institutions, and/or potential employers as I have requested.

I hereby expressly and voluntarily waive any and all access rights I might have to such letters and recommendations under the Federal Family Educational Rights and Privacy Act or other laws, or policies.

This waiver is applicable to confidential recommendations to be received from the following person or the following categories of persons or institutions (be specific):

\_\_\_\_\_  
\_\_\_\_\_

This waiver is applicable to the following student record or the following classes of student records:

\_\_\_\_\_  
\_\_\_\_\_

The purpose for which such confidential recommendations are being obtained. Be specific. (e.g., admission to the Graduate Program in History at UC Berkeley; employment at UC Davis; undergraduate scholarship award in the Economics Department.)

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_