
List of Recommenders and Waiver Form • Health Careers Office

PRINT NAME: _____ **BANNER ID:** _____

IMPORTANT: Your packet will NOT be posted/mailed unless you submit this form. Provide each of your recommenders with a copy of the form: “General Guidelines for Recommenders.”

All letters must be submitted to the Health Careers Office by Monday, June 16, 2008.

APPLICANT: I have requested the following letters of evaluation to be sent to medical or other health profession school admission committees as part of my packet. (Do not list more than three.)

Letter 1

Name of Evaluator	Department/Title	Institution BROWN UNIVERSITY
WAIVER: All rights of access to the letter of evaluation from the individual named above conferred by the Family Education Rights and Privacy Act of 1974 (P.L. 93-380 as amended or otherwise, are hereby irrevocably and voluntarily waived .		
Signature	Print Last Name	Date
I have not waived right of access		
Signature	Print Last Name	Date

Letter 2

Name of Evaluator	Department/Title	Institution BROWN UNIVERSITY
WAIVER: All rights of access to the letter of evaluation from the individual named above conferred by the Family Education Rights and Privacy Act of 1974 (P.L. 93-380 as amended or otherwise, are hereby irrevocably and voluntarily waived .		
Signature	Print Last Name	Date
I have not waived right of access		
Signature	Print Last Name	Date

Letter 3

Name of Evaluator	Department/Title	Institution or Other
WAIVER: All rights of access to the letter of evaluation from the individual named above conferred by the Family Education Rights and Privacy Act of 1974 (PL. 93-380 as amended or otherwise, are hereby irrevocably and voluntarily waived .		
Signature	Print Last Name	Date
I have not waived right of access		
Signature	Print Last Name	Date

Letter 4

Name of Evaluator	Department/Title	Institution or Other
WAIVER: All rights of access to the letter of evaluation from the individual named above conferred by the Family Education Rights and Privacy Act of 1974 (PL. 93-380 as amended or otherwise, are hereby irrevocably and voluntarily waived .		
Signature	Print Last Name	Date
I have not waived right of access		
Signature	Print Last Name	Date