



## List of Recommenders and Waiver Form

**APPLICANT 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 Form 1 "Instructions for Recommenders".

This form is due (signed and submitted to Health Careers Advising, Hemisphere Building, 167 Angell Street or to hco@brown.edu) Friday, May 3, 2019. All letters must be submitted by Friday, May 17, 2019.

**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. I have provided a copy of Form 1 "Instructions for Recommenders" to each of my recommenders.

### Letter 1

Name of Evaluator	Department/Title	Institution <b>BROWN UNIVERSITY</b>
<b>WAIVER:</b> 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 <b>voluntarily waived</b> .		
Signature	Print Last Name	Date
I have <b>not waived</b> right of access		
Signature	Print Last Name	Date

### Letter 2

Name of Evaluator	Department/Title	Institution <b>BROWN UNIVERSITY</b>
<b>WAIVER:</b> 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 <b>voluntarily waived</b> .		
Signature	Print Last Name	Date
I have <b>not waived</b> right of access		
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# Health Careers Advising

Form 2

## Letter 3

Name of Evaluator	Department/Title	Institution
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Signature	Print Last Name	Date
I have <b>not waived</b> right of access		
Signature	Print Last Name	Date

## Letter 4

Name of Evaluator	Department/Title	Institution
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Signature	Print Last Name	Date
I have <b>not waived</b> right of access		
Signature	Print Last Name	Date