



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”.

Submit this form to the Health Careers Advising email address HCO@brown.edu no later than Friday, April 30, 2021. All letters must be submitted by your recommenders by Monday, May 10, 2021.

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 BROWN UNIVERSITY FACULTY RECOMMENDER #1
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 FACULTY RECOMMENDER #2
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

Health Careers Advising

Form 2

Letter 3

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

DO NOT ADD MORE ENTRIES