

Pre-Professional Recommendations Committee

WAIVER FORM FOR ACCESS TO PRE-MEDICAL/DENTAL COMMITTEE EVALUATION

Student's name \_\_\_\_\_

Application service ID number

AAMC	_____
AADSAS	_____
AACOMAS	_____
AACPMAS	_____
VMCAS	_____
OMSAS	_____
TMDSAS	_____

The Family Education Rights and Privacy Act of 1974 permits the student to sign a waiver relinquishing his or her right to inspect letters of evaluation. The applicant's signature below indicates whether the applicant does or does not waive the right of access to the attached evaluation.

I voluntarily waive my right to access the Committee Evaluation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I do not waive my right to access the Committee Evaluation

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date