

RADFORD UNIVERSITY PRE-HEALTH STUDENT EVALUATION FROM

To the student: Please fill in the requested information in this box:

Name: _____

Radford University Student ID: _____

Applying for Admission to (MD, DO, PA, Pharmacy, etc.): _____

Applying for Admission in Year: _____

WAIVER OF STUDENT'S ACCESS TO LETTER OF EVALUATION

I, the undersigned, waive any rights of access to this evaluation accorded me by the Family Education Rights and Privacy Act of 1974 as amended and as described in 20 USC 123g (A) (1) (B) & (C), and sections 99.7 and 99.12 of the Rules of the Department of Health and Human Services (45 C.F.R. part 99). I understand that my signature will make the Radford University Pre-Health Advisory Committee Letter of Reference a confidential letter written on my behalf.

Student Signature

Date

OR

I, the undersigned, do not wish to waive my rights of access to the Radford University Pre-Health Advisory Committee Letter of Reference. I understand the letter will not be confidential.

Student Signature

Date