



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 May 3, 2013.

All letters must be submitted by Monday, June 3, 2013.

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.

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

Health Careers Advising

Form 2

Letter 3

Name of Evaluator	Department/Title	Institution
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 .		
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I have not waived right of access		
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Letter 4

Name of Evaluator	Department/Title	Institution
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