

California State University, Chico  
**Letter of Recommendation Access Waiver Form**

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The Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. 1232g) and the regulations adopted thereunder (34 C.F.R. 99) gives applicants the right to inspect letters of recommendation written in support of applications for admission, employment, or awards. The law also permits students to waive that right if they choose, although such a waiver is voluntary and cannot be a condition of admission, employment or award.

This section is to be completed by the Applicant prior to the Recommender. Letters of recommendation will not be accepted unless accompanied by this form. Letters and forms are to be mailed directly by your recommenders to the department address below. \*Note: International applicants may send sealed recommendations with their application material directly to the Office of International Education.

**APPLICANT / STUDENT Fills out this part of the form.**

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*Applicant Name (Print Clearly):*

- ☐ I waive my right of access to this form and letter of recommendation.
- ☐ I do NOT waive my right of access to this form and letter of recommendation

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*Signature*

*Date*

**RECOMMENDERS complete this part of the form and sends with recommendation letter.**

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*Name (Please print or type)*

*Institution or Company*

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*Title / Position*

*Name Relationship to Applicant (Advisor, supervisor, etc.)*

Please rate (optional), by checking the appropriate boxes, the applicant relative to other students from your Department who have gone on to graduate school in recent years:

	Top 5%	Top 10%	Top 20-30%	Top 40%	50% or below
Academic Preparation					
Intellectual Promise					
Overall Ability					

On a separate sheet of letterhead, please write candidly about your knowledge of the applicant and the applicant's qualifications, including but not limited to the *applicant's academic abilities (critical thinking, ability for academic writing, research and analysis), potential for advanced study, and qualities that would indicate the applicant will be successful in graduate school*. Please sign this form below, thus indicating your awareness of the student's choice regarding right of access to your letter of recommendation, staple it to your letter, and deliver or mail to: *Graduate Coordinator, Communication Studies, CSU, Chico, Chico, CA. 95929-0502*. Should you have questions, please contact the Graduate Coordinator for CMST by calling 530-898-5751. Thank you for your support and cooperation.

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*Signature*

*Date*