



**Hunterdon Central Regional High School**  
Route 31, Flemington NJ 08822

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## RECOMMENDATION WAIVER FORM

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We recommend that you and your parent/guardian complete and sign this waiver which indicates that you have not viewed the counselor recommendation prepared on your behalf.

**Name of Student** \_\_\_\_\_

### WAIVER:

**Family Educational Rights and Privacy Act of 1974.** This form is to be used as a reference for college admissions purposes. As currently interpreted by the Department of Education, the Act provides that students and parents have a right to inspect and review the evaluation if it is retained by the school unless that right is waived in writing. Sign your name below only if you wish to waive your right of access.

I request that this reference be sent to the colleges to which I am applying and that it may be used in the admissions process. I understand that I may not read this reference and I will not seek to do so in the future.

Print Student Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_