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## **APPLICANT EVALUATION WAIVER and RECOMMENDATION**

### **To Be Completed by Applicant**

Under the Family Educational Rights and Privacy Act of 1974, which gives registered students the right to inspect and review their educational records, students may waive the right to see specific confidential statements and letters of recommendation. The following statement indicates the wish of the applicant regarding this recommendation:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_/ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Applying for: ☐ SOAR-Health Program ☐ SOAR-MHHD Program ☐ Both

☐ I waive my right to inspect the contents of the following recommendation.

☐ I do not waive my right to inspect the contents of the following recommendation