
APPLICANT EVALUATION WAIVER

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 Program

☐ 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

Signature

Date