RECOMMENDATION WAIVER FORM
(this form must accompany your letter of recommendation when not using veCollect)

Please attach your letter to this form so that we may record the conditions of the privacy waiver and your recommendation rating (see below). This form will be held on file in the Office of Pre-Professional Programs and Advising. A photocopy of your letter will be forwarded to admissions committees at the health professions schools to which the student/applicant applies.

Applicant's Name: _______________________________ Date of Graduation: _____________
JHU Email: _______________________________ Applying for entrance: Fall ______
Name of Reference Writer: _______________________________
Title of course and semester/year taken (if applicable): _______________________________
Signature of Reference Writer: _______________________________

TO THE APPLICANT:

Please fill in the spaces above and sign either (a) or (b) below before giving this form to the person writing the recommendation.

Current federal law provides that students may, if they choose, have access to material, such as this recommendation. Some students choose to waive their right. Your letter/comments will become part of a committee packet that is prepared and transmitted to one or more professional schools by the Office of Pre-Professional Programs and Advising. Under the Family Education Rights and Privacy Act of 1974, you may inspect this evaluation unless you waive this right. Please note your preference below:

Check and sign below either (a) or (b):

(a) I DO NOT WAIVE my right of access to this recommendation. ( ) _______________________________
(b) I DO WAIVE my right of access to this recommendation and understand that I will not be able to see it under any circumstances. ( ) _______________________________

TO THE PERSON WRITING THE RECOMMENDATION:

Pay careful attention to the decision the applicant indicated above concerning access to this recommendation. If neither (a) nor (b) is signed, this form should be returned to the student before you write the recommendation. If the student signed (a) s/he is entitled to see your letter.

Students are NOT permitted to deliver letters to the Office of Pre-Professional Programs and Advising. Please TYPE your letter on letterhead and be sure to sign it.

Thank you for your support of Johns Hopkins University applicants to medical and other health professions schools.

9/2014