

UNIVERSITY OF CALIFORNIA, SANTA CRUZ

WAIVER OF ACCESS TO CONFIDENTIAL LETTERS OF RECOMMENDATION

NAME OF APPLICANT (please print) _____
Last Name, First Middle

DATE OF BIRTH OF APPLICANT (please print) _____
Month / Day / Year

TO THE APPLICANT: The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications for admission. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission. If you do wish to waive your right to examine one of your letters of recommendation, please complete and sign the waiver below and give this form to your recommender to sign and submit to the Division of Graduate Studies.

I waive my legal right to inspect the letter of recommendation written by:

Name of Recommender _____

Proposed Program of Study _____

Quarter of Proposed Enrollment _____

Date _____ Signature of Applicant _____

TO THE RECOMMENDER: Please sign below and mail this form to: UC Santa Cruz, Graduate Application Processing, 1156 High Street, Santa Cruz, CA 95064. Thank you.

Date _____ Signature of Recommender _____