HEALTH PROFESSIONS LETTER OF RECOMMENDATION WAIVER

TO BE COMPLETED BY STUDENT:

NAME: ____________________________

CSUN ID#: _________________________

You are responsible for contacting each of your evaluators to request a letter of recommendation. You must arrange for the delivery of this form to each evaluator and instruct evaluators to return this form with their letter.

Under the federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given a choice regarding access to letters of recommendation. You can waive your right to inspect a letter of recommendation, and doing so will enhance the letter’s candor and credibility.

You can refuse to waive your right to inspect a letter of recommendation, but some evaluators may be uncomfortable or even refuse to write a letter that is non-confidential.

PLEASE INITIAL ONE CHOICE, THEN SIGN AND DATE:

_______ I expressly waive any rights that I might have to access the letter of recommendation under the Family Educational Rights and Privacy Act of 1974 or any other law, regulation or policy.

_______ I do not waive my right to access this letter. Letter is NOT CONFIDENTIAL.

Signature________________________________

Name (print)______________________________

Date______________________________________

INFO FOR EVALUATORS & LETTER HANDLING INSTRUCTIONS ON REVERSE
INFORMATION FOR EVALUATORS:

_______________________________(student name) is requesting a letter of recommendation from you as part of their application to health profession schools.

This form cannot be used for letters to pharmacy, optometry, veterinary, or physician assistant schools as these services now require evaluators to complete an online (electronic) reference/letter of recommendation. Students should enter your name and email address into their primary application to these schools, which will generate an email instructing you to complete the online (electronic) reference/letter of recommendation.

Confidentiality: The applicant must sign the opposite side of this form and indicate whether or not the letter is confidential. It is your right to refuse to write letters that are not confidential. Letters received in our office without an accompanying form are assumed to be confidential. Please return this form with your recommendation.

Format: Please address the letter to “Admissions Committee”, use professional letterhead and sign the letter by hand with ink. Please mail original letter to:

Dr. Terri Richardson  
CSUN Biology Dept.  
18111 Nordhoff Street  
Northridge, CA 91330-8303

Letters can be emailed; however, they must be on professional letterhead and signed. Email letters to: terri.richardson@csun.edu

Letter Packet: Your letter may be part of a letter packet. The applicant has the right to include all letters in their packet or any subset of those letters.

If you have any questions, please contact me directly at:  
(818) 677-7305  
terri.richardson@csun.edu