

Waiving Access to Confidential Recommendations

Please EMAIL or give this form to your recommender to include with their emailed letter or form of recommendation.

THIS SECTION IS TO BE READ AND COMPLETED BY APPLICANT

The Family Educational Rights and Privacy Act (FERPA) gives students the right to inspect recommendations written in support of their application for admission and/or financial assistance. The law also permits students to expressly waive the right to access and inspect recommendations submitted on their behalf. However, the waiver is voluntary and cannot be a condition of admission, award, or employment.

Please complete the information below and submit it to your recommender upon requesting a letter or rating form of recommendation. If your recommender does not submit a completed waiver form with the recommendation, ***it is assumed that you elected to not waive your right to access the recommendation.***

| | | | |
|--|--|-------------------|------------|
| I, | | STUDENT LAST NAME | FIRST NAME |
| STUDENT EMAIL ADDRESS: | | | |
| <input type="checkbox"/> Agree to waive access to this recommendation. <input type="checkbox"/> Do not agree to waive access to this recommendation. | | | |
| NAME OF YOUR RECOMMENDER | | | |
| CURRENT TITLE/POSITION OF RECOMMENDER | | | |
| RELATIONSHIP OF RECOMMENDER TO YOU | | | |
| DATE | | SIGNATURE | |
| Please type your full name in the "signature" area as a way to officially "sign" this form & indicate your choice regarding right of access to your recommendation. By signing this form you indicate that you read and understand the regulation concerning Waiving Access to Confidential Recommendations. | | | |

TIP FOR APPLICANTS: Complete this form, sign it as above, & save it as a document on your computer, and then EMAIL it to your recommender to save them the trouble of scanning the form.

THIS SECTION IS TO BE READ AND COMPLETED BY RECOMMENDERS

Please type your full name in the "signature" area as a way to officially "sign" this form & indicate your awareness of the applicant's choice regarding right of access to your recommendation. Attach this signed form with your letter or rating form recommendation and EMAIL both directly to the email address listed below.

| | |
|--|-----------|
| DATE | SIGNATURE |
| PRINTED NAME: _____ | |
| <input type="checkbox"/> RECOMMENDER: PLEASE EMAIL YOUR LETTER/ REC FORM & THIS WAIVER DIRECTLY TO THIS EMAIL ADDRESS: prog.manager1@csun.edu | |