## WVU Pre-Health Committee Signatory for FERPA Compliance

## For Transmitting Letters of Evaluation and Recommendation:

1.	I authorize WVU Pre-Health Office and the WVU Pre-Health Committee to transmit such information and letters of evaluation in support of my applications to professional schools. I release West Virginia University and its individual staff members from civil liability for any damages sustained by me by reason of their respective functions and services in fulfillment of this request.
Sig	nature: Date:
Pri	nt Name:
2.	Please check only ONE box.
	$\hfill \square$ I hereby voluntarily waive and relinquish any right of access to this confidential committee letter of evaluation.
	NOTE: When you WAIVE YOUR RIGHT TO ACCESS, you do not have the right to read the evaluation once completed by the evaluator. By exercising this option, you are in essence asking the letter-writer to provide a confidential letter.
	$\hfill \square$ I retain my right of access to this committee letter of evaluation.
	NOTE: When you DO NOT WAIVE YOUR RIGHT TO ACCESS, you have the right to read the evaluation once completed by the evaluator. By exercising this option, you are telling the letter-writer that the letter is not confidential.
Sig	nature: Date:
Pri	nt Name: