

**RADFORD UNIVERSITY PRE-HEALTH REQUEST
FOR COMMITTEE LETTER OF REFERENCE**

To the student: Fill in all requested information in the spaces provided or attach additional documents. Read the Waiver of Student's Rights of Access statements below and sign in the appropriate space to indicate that you do or do not waive your right of access to Radford University Pre-Health Advisory Committee Letter of Reference.

Name: _____

Radford University Student ID Number: _____

Current Address: _____

Current Phone Number: _____

E-mail: _____

Applying for Entrance in Year: _____

WAIVER OF STUDENT'S RIGHTS OF ACCESS TO THE RADFORD UNIVERSITY'S PRE-HEALTH ADIVOSRY COMMITTEE LETTER OF REFERENCE

I, the undersigned, waive any rights of access to this evaluation accorded me by the Family Education Rights and Privacy Act of 1974 as amended and as described in 20 USC 123g (A) (1) (B) & (C), and sections 99.7 and 99.12 of the Rules of the Department of Heath and Human Services (45 C.F.R. part 99). I understand that my signature will make the Radford University Pre-Health Advisory Committee Letter of Reference Confidential.

Signature of Student

Date

OR

I, the undersigned, do not wish to waive my rights of access to the Radford University Pre-Health Advisory Committee Letter of Reference. I understand the letter will not be confidential.

Signature of Student

Date

Before the letter of reference will be written and sent to any professional school, this form must be completed, signed, and sent to Dr. Mark Cline, Department of Biology, Radford University, P.O. Box 6931, Radford University, Radford, VA 24142.