



## Student Waiver of Access to Letters of Recommendation

Student Name \_\_\_\_\_  
(Please type or print clearly)

AMCAS ID Number \_\_\_\_\_ AMCAS Letter ID \_\_\_\_\_

Name and Title of Recommender \_\_\_\_\_

This represents:

A committee letter

An individual letter

The purpose of the reference is to supply information for my application to AMCAS. I authorize the person named above to release information and provide an evaluation about any and all aspects of my academic performance and/or my nonacademic experience relative to my potential for becoming an effective physician and for the aforementioned purpose.

NOTE: Under the Family Educational Privacy Rights Act, 20 U.S.C. 123(g.), you may, but are not required to, waive your right of access to confidential references given for any of the purposes listed on this form. If you waive your right to access, the waiver remains valid indefinitely. Check the appropriate box below.

I waive my right of access to references given by the named person (s).

I do not waive my right of access to references given by the named person (s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please present a copy of this signed waiver to each person who will write a letter of recommendation for you.