

**Instructions:** Please read and fill out this form carefully, print it and sign it in **ink**.

Name of Applicant: \_\_\_\_\_

University ID #: \_\_\_\_\_

Email address: \_\_\_\_\_

*I will not hold The University of Arkansas responsible if I am not admitted to the program of my choice.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Waiving or Retaining Access to Letters of Recommendation**

The Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) provides every applicant with the right to review his/her educational records, including letters of recommendation. In the section below you will be asked to provide your signature indicating whether or not you agree to waive this right. Waiving this right keeps all of your letters of reference, including the committee letter and all individual letters of recommendation, confidential. In deciding whether or not to waive your right of access to your letters, please be advised that health profession schools prefer confidential letters of recommendation.

***Sign only one of the lines below. Sign the top line to waive access.***

*"I request a confidential Premed Advisory Committee letter and waive my access to it. I understand that by signing below I am waiving my access to all of my individual letters of recommendation as well as the committee letter."*

Signature \_\_\_\_\_

Date \_\_\_\_\_

*"I prefer open, non-confidential letters and do not waive my right to see the letters provided on my behalf. I understand that by signing below I am maintaining my right to view any of my letters of recommendation, including both individual letters and the Premed Advisory Committee letter. I further understand that health profession schools prefer confidential letters."*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**After signing, scan the form and save it as a pdf. You will be asked to upload this form as part of your PMAC online application.**