



Pre-Medical Advisor
Centenary College of Louisiana
2911 Centenary Boulevard
Shreveport, LA 71104
Telephone: 318-869-5209
Fax: 318-869-5740

Student Waiver of Access to Evaluation Letters

Student Name (please type or print) _____

The purpose of the evaluation is to supply information for my application for a health professional program. I authorize the Health Care Advisor to release information and provide an evaluation about any and all aspects of my academic performance and/or my nonacademic experience relevant to my application.

NOTE: Under the Family Educational Rights and Privacy Act 20 U.S.C. 12332g, you may, but are not required to, waive your right of access to confidential evaluations given for any purpose listed on this form above. If you waive your right to access, the waiver remains valid indefinitely. Even though you may waive your right to access, you are still entitled, upon request, to receive the names of all persons making confidential evaluations in connection with the aforementioned.

Please check the appropriate line below:

I waive my right to access letters of recommendation and evaluations given by my evaluators and the Pre-Med committee.

I **do not** waive my right to access letters of recommendation and evaluations given by my evaluators and the Pre-Med committee.

NOTE: Failure to waive your access to letters of recommendation and evaluations given by evaluators and the Pre-Medical Committee may reflect negatively on your application and medical schools to which you apply will be notified of your decision.

Signature

Date