

HEALTH PROFESSIONS ADVISORY BOARD NOTICE AND WAIVER

The Health Professions Advisory Board (the "Board") agrees to release its letter of evaluation only to those schools or scholarship programs designated in the applicant's online credentials request. Included with the Board's letter will be all evaluations and recommendations listed in the List of Recommenders Form and that are part of an applicant's credentials file.

The Family Educational Rights and Privacy Act of 1974, as amended, gives you the right to inspect certain records, including letters of recommendation placed in your file after January 1, 1975. However, you may waive this right in writing. Letters of recommendation written in confidence may be given more credence by the recipient. Therefore, although you are not required to do so, we invite you to waive your right to access your Health Professions Advisory Board evaluation. You should be aware that if you have already waived access to a specific letter of recommendation, you will not be able to inspect it by declining to waive access to the Board's letter of evaluation. You must choose one of the options below:

I waive any rights I may have to have access to the Board's letter of evaluation under the Family Educational Rights and Privacy Act of 1974.

I do not waive the rights to have access to the Board's letter of evaluation under the Family Educational Rights and Privacy Act of 1974.

By signing below, you are requesting the Board to send a letter of evaluation to the school or scholarship programs designated on your mailing request form. If you request a letter of evaluation, the Board is permitted to review student records relevant for the preparation of its letter of evaluation and is permitted to disclose information from such records to schools or programs which you have designated. After you have requested a letter of evaluation, your written consent is not required for the Board's review of records and disclosure of information. This applies to all of your student records at the University, including but not limited to, any records created prior to your graduation from the University, and all records of the University Student Judicial System and Judicial Inquiry Office.

For further information on the review and disclosure of your records, please consult the University's Policy on the Confidentiality of Student Records; if you have questions, consult a pre-health counselor in the Career Services office.

I have read and understand the above information and hereby request and authorize the Health Professions Advisory Board to send letter of evaluation to the schools or scholarship programs I have designated.

Date: _____

Name (please print): _____

Signature: _____

Penn ID: _____