

DO NOT USE STAPLES

# HEALTH PROFESSIONS AND PRELAW CENTER

Indiana University Bloomington ■ University Division ■ Maxwell Hall 010 ■ 750 E. Kirkwood Ave.  
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## WAIVER OPTION FOR PERSONAL RECOMMENDATIONS

### INSTRUCTIONS TO APPLICANT:

1. Type or print in **BLACK INK** the requested information about yourself and your evaluator.
2. Indicate whether or not you waive your right of access to this evaluation.
3. Sign and date the waiver form. You must sign it even if you retain your right of access.
4. Give this form to the person writing the recommendation. Have them return it with your recommendation to our office. **DO NOT GIVE THIS FORM TO FACULTY MEMBERS.** Use it only for personal recommenders.

_____	_____
Applicant	Evaluator
_____	_____
Indiana University ID Number	Title
The family Educational Rights and Privacy Act of 1974 gives you the right of access to an evaluation written about you, but it also states that you may waive your right. Indicate whether or not you waive your right for this evaluation by marking the appropriate sentence.	
_____ I waive this right	_____ I do not waive this right
_____	_____
Applicant's Signature	Date

### INSTRUCTIONS TO EVALUATOR:

Please return your evaluation **WITH THIS FORM** to the Health Professions and Prelaw Center; Maxwell Hall 010, 750 E. Kirkwood Avenue, Bloomington, IN 47405.