Recommendation Waiver Form

TO THE APPLICANT: This form should be given to professors who are able to comment on your qualifications for graduate study. You should not request a recommendation from a non-academic person unless you have been away from an academic institution for some time. For the convenience of the person completing this form, you should include a stamped envelope addressed to the address below.

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendation will remain confidential. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name.

______ I waive my right to review this recommendation, and request a candid evaluation with all relevant information provided.

______ I do not waive my right to review this recommendation, but request a candid evaluation with all relevant information provided.

Applicant’s Signature ___________________________ Date ______________________

Name (Print) ______________________________________________________________________

Present Address ______________________________________________________________________

Dear ____________________________  
(Recommender’s name)

I am applying for advanced study in the field of ____________________________

Letters of recommendation are required from persons best qualified to evaluate my ability to pursue Graduate Study. Please address letters to the Graduate Selection Committee. I would greatly appreciate your completing this form for this purpose as soon as possible and mailing to:

Program Assistant  
College of Human Sciences  
Department of Family & Child Sciences  
Florida State University  
Tallahassee, Florida 32306-1491