

PRINT Name of Student:

## Pre-Health Committee Letter of Recommendation Waiver Form

Email: preprofessional@shu.edu

*Instructions:* Please complete the top section of this form and submit it to your letter writer. This waiver should be turned in to our office along with the recommendation letter from your <u>letter writer</u>.

Fmail:

Class: Name of Recommender:	Applying for entrance: Fall
Professional School/Program	applying to:
Student's consent:	
University permission to release centralized online application	he Family Rights and Privacy Act of 1974, I hereby give Seton Hall ase this letter of recommendation to any person or place designated by me, service or use in preparing other letters, such as the Pre-Health Committee ain in effect until revoked by me in writing.
Date:	Student's signature:
Student's Waiver:	
I authorize the letter writer to provide any information necessary to provide an honest evaluation from his or her knowledge of my qualifications, including but not limited to my grades, GPA, class rank, scholarships, honors, awards, activities and comments.	
I waive any right of access that I may have, as provided by law, to this letter of recommendation.	
I do <b>NOT</b> waive any right of access that I may have, as provided by law, to this letter of recommendation.	
Date:	Student's signature:
To Letter Writer:	
Please pay careful attention to the decision the applicant indicated above concerning access to this	

All WAIVERS and RECOMMENDATION LETTERS must be emailed to preprofessional@shu.edu by letter writers NOT the applicant/student.

recommendation. If this form is not completed and signed, it should be returned to the student BEFORE you write the recommendation. Please turn in this waiver form along with your recommendation letter.