University of Massachusetts Amherst

Waiver of Right of Access to Letters of Recommendation

Non-Academic Professional Staff

______________________________________ ____________________________________
Name        Position Title

Check which Applies:

______________________________________ _____ Promotion

School/Department         _____ Appointment

_____ Other (Explain)_______________

I fully understand that the University of Massachusetts at Amherst wishes to collect confidential letters or statements of recommendation or evaluation, solicited in connection with the above mentioned personnel action, and that my signature affixed below indicates that I agree to waive my right of access to those recommendations and/or evaluations. I fully understand the following information:

1. My right to decline to waive my right of access;

2. That if I decline to waive my right of access, any person requested to submit a recommendation/evaluation shall be so informed; and

3. My rights to acquire data requested by me and of the legal or administrative consequences arising from a decision to withhold such data.

Further, I understand:

1. that I have a right to request that I be informed of the names of the persons submitting confidential recommendations or evaluations;

2. that such recommendations or evaluations shall be used solely for the purpose for which they were specifically intended; and

3. that I am not required to waive my right of access except as I herein agree.

Additionally, I may request:
1. An explanation of how such letters of recommendation will be used and held;

2. A statement identifying the agencies or persons who are likely to receive or hold such data, and a statement of assurance that the holder of the data will comply with 204 and 211 of the University of Massachusetts Board of Trustees Regulations on privacy and confidentiality, T77-059 (http://www.umass.edu/humres/library/fipa.htm).

3. An explanation of the methods of holding the data and the types of data to be held.

Signed____________________________________________

_____________________________  __________________________________________
Date       (Print name of individual signing above)

After reading the above material I do not wish to waive my rights to view letters of reference/recommendation or evaluations.

Signed____________________________________________

_____________________________  __________________________________________
Date       (Print name of individual signing above)

EO&D 11/2009