

University of Massachusetts at Amherst

**Waiver of Right of Access to Letters of Recommendation**

**Faculty**

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Name

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Personnel Review Affected

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Academic Year

According to the University's Fair Information Practices Regulations, Trustee Document T77-059, I may waive my right of access to confidential letters of recommendation or evaluation solicited in connection with the above mentioned personnel review. I understand that the University will not use any letters or statements solicited or submitted in connection with this personnel review for any purpose not connected with it.

I also understand the following:

- (1) that this waiver applies only to letters directly and individually solicited, with an assurance of confidentiality, during the personnel review mentioned above. It does not apply to letters submitted in response to a general announcement that I am undergoing this personnel review or to any other letters that have not been directly and individually solicited.
- (2) that this waiver may apply, as indicated by me below, to letters solicited under the conditions specified in (1) from individuals both external and internal to the campus (including students).
- (3) that I shall be informed, by means of the table of contents attached to the file and updated at each level of review, of the identity of persons who provide letters.
- (4) that I may comment upon the appropriateness of the individuals whose letters were solicited, and that I may comment on the substance and appropriateness of any letters I am allowed to see.

Having read the above, I waive my right to access of letters of recommendation or evaluation directly and individually solicited from persons both internal and external to the campus with an assurance of confidentiality in connection with this review.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Having read the above, I waive my right of access to letters of recommendation or evaluation directly and individually solicited from persons external to the campus with an assurance of confidentiality in connection with this review.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Having read the above, I waive my right of access to letters of recommendation or evaluation directly and individually solicited from persons internal to the campus with an assurance of confidentiality in connection with this review.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I **decline** to waive my right to see letters directly and individually solicited in connection with the above-mentioned personnel review.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date