## PreHealth Advising Committee Lettter Waiver Form

Instructions: Please read this form carefully, then add your actual signature. Submit this completed document with your self-assessment for the current application year.

NOTE: the upper section of this form must be signed and the lower section of this form should be signed on ONLY top or bottom line – not both lines.

I plan to submit applications to: _____medical _____dental _____optometry _____podiatry schools for entrance in the fall of _____.

At this time, I request advice regarding the application process and a Committee Letter written on my behalf by the PreHealth Advising office.

In signing and submitting this form, I am confirming that I understand the following:

- To be eligible for a Committee Letter, I must meet the deadlines and requirements outlined by the PreHealth Advising office.
- My letter will not be written until (1) all supporting letters have been received and I provide (2) my self-assessment and (3) I have submitted my primary application to AADSAS, AMCAS and or AACOMAS, or OPTOMCAS.
- The UMass Amherst PreHealth Advising office staff will have access to my pre-application materials.
- It is my responsibility to request and follow up on all supporting letters.

I will not hold the Univesity of Massachusetts Amherst responsible if I am not admitted to the program of my choice.

Signature_____ Date_____

**Waiving or Retaining Access to Letters of Recommendation**

The Family Education Rights and Privacy Act of 1974 (P.L. 93-380) provides every applicant with the right to review their educational records, including letters of recommendation. In the section below you will be asked to provide your signature indicating whether or not you agree to waive this right. Waiving this right keeps all of your supporting letters of recommendation, including the Committee Letter, confidential. In deciding whether or not to waive your right of access to your letters, please be advised that health professions schools prefer confidential letters.

I request a confidential PreHealth Advising letter abd waive my access to it. I understand that by signing below I am waiving my access to all of my supporting letters as well.

Signature_____ Date_____

I prefer open, non-confidential letters and do not waive my right to see the letters provided on my behalf. I understand that by signing below I am maintaining my right to view any of my letters. I further understand that the PreHealth Office will disclose this to any health professions schools to which I apply.

Signature_____ Date_____