LETTER OF RECOMMENDATION ACCESS WAIVER REQUEST

Student's Name (please print) ___________________________ ndID # ___________________________

Recommender’s Name ___________________________ Department/Institution ___________________________

Applying for: (please check one)

☐ Research Grant ☐ National Fellowship ☐ Sorin Scholars Program ☐ Other

Under the Family Educational Rights and Privacy Act of 1974, students have access to their education record, including letters of recommendation. However, a student may waive their right to see letters of recommendation, in which case the letters will be held in confidence and will not be available to the student. If you wish to waive your right of access to this letter of recommendation, please indicate that wish by signing your name on the line below the following statement:

I WAIVE MY RIGHT OF ACCESS to this recommendation and ask that the University of Notre Dame hold it in confidence so that it is available only to the University and to the related research grant, fellowship, and/or other program to which I am applying.

Signed ___________________________ Date __________________

If you choose not to waive your right of access, please indicate that wish by signing your name on the line below the following statement:

I DO NOT WAIVE MY RIGHT OF ACCESS to this recommendation.

Signed ___________________________ Date __________________