



UCSC Career Center
Health Science Letter Service
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CONFIDENTIAL INFORMATION WAIVER

I, _____, understand that *all* letters
(Signature)

of reference in my file are confidential and will not be made available to me, and I hereby expressly and voluntarily waive any and all access rights I might have to such letters under the Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies.

It is my understanding that these confidential letters of recommendation will only be sent to admissions offices or financial aid offices of health professional schools upon my written request.

The purpose for which such confidential recommendations are being obtained is: (list type of health science program you are applying to: i.e., medical, pharmacy, dental, etc.).

Date