



**Benedictine University**  
**Health Professions Recommendation Committee**  
**FERPA Waiver**

Check one and sign below

**I waive the right to see or review my HPRC committee letter**, which I otherwise would be able to assert under the Family Educational Rights and Privacy Act of 1974 with respect to this evaluation by the Committee on Health Sciences Recommendations. By this waiver, I expressly consent to, and authorize Benedictine University, and any graduate or professional school, or hospital to which Benedictine University may hereafter forward this letter of recommendation to retain this information in a strictly confidential manner, specifically to include withholding the information contained in the committee evaluation and letter from me whenever I may request to see it or to be informed of its contents.

**I do not waive my rights** under the Family Educational Rights and Privacy Act of 1974.

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Student's Printed Name

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Date

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Student's Signature