**RECOMMENDATION LETTER WAIVER FORM**  
for students requesting letters for their Prehealth Dossier  
**ALFRED UNIVERSITY**

Name of Applicant

Alfred University email address __________________ Applying to schools of __________________ (medicine, dentistry, veterinary, PT, OT)

Name of recommender

If requesting a letter from an instructor, you **must** complete the following section:

<table>
<thead>
<tr>
<th>Course number</th>
<th>Semester and year completed</th>
<th>Institution</th>
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**To the applicant:** You must check either (A) or (B) below. The Federal Family Education Rights and Privacy Act of 1974, as amended, provides students with the right of access to educational records. In the case of recommendations, you may waive that right. Give this form to the recommender with a stamped envelope addressed to the Career Development Office at Alfred University (see below).

(A) **I hereby waive my right to examine this recommendation and attest that I shall not seek access to it either while a student at Alfred University or subsequently.**

(B) **I retain my right to examine this recommendation.**

Signature of applicant ___________________________ Date ___________________________

**To the recommender:** Thank you so much for agreeing to write a letter on behalf of one of our Alfred University students. Please keep in mind the following guidelines when preparing your letter:

- Print your letter on **institutional letterhead**.
- **Address the letter generically** to “The Admissions Committee” not to a specific school, as the letter may be sent to multiple schools.
- Incorporate reference to the **type of program** for which you are recommending the student (see above), e.g., medical, dental, veterinary school or another allied health program.
- Try to limit your remarks to a **single typed page**.
- Describe how long and the circumstances under which you have known the applicant and **evaluate his or her performance**. Give examples to illustrate your assessment.
- **If the applicant has been your student,** it is helpful to have your comments on the student’s academic performance especially in comparison to others in the class or to other premedical students you have previously recommended for medical school. Reference to lab work, exam scores, and class participation is pertinent.
- Please limit your comments to the context in which you observed or worked with the applicant. You do not need to comment on the applicant’s activities outside of your purview.
- Your letter will remain **confidential** if the student has checked (A) above. Remember to **attach this waiver** form with this letter. Your letter and the waiver form should be mailed to:

  Robert R. McComsey  
  Career Development Center  
  Alfred University  
  1 Saxon Drive  
  Alfred, NY 14802