



Pontifical John Paul II Institute for Studies  
On Marriage and Family at  
The Catholic University of America

**Letter of Recommendation Waiver Form**

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**NOTICE:** The Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) gives students (persons admitted and enrolled) the right to inspect letters of recommendation written after January 1, 1975, written in support of applications for admissions, employment, or awards. The law also permits students to waive the right if they choose. Such a waiver is voluntary and cannot be a condition of admission, employment, or award.

**STUDENT:** \_\_\_\_\_

*Please complete the upper section of this form and give it to your recommender. Letters of recommendation cannot be considered valid unless accompanied by this form. Letters and forms are to be mailed directly by your recommenders. Please be aware that **not** waiving your right may affect the amount of detail your recommender is willing to give in their recommendation.*

I, \_\_\_\_\_ the undersigned,

hereby permanently **do waive** any right or privilege provided by Public Law 93-380 to any right of access I may have, as provided by law, to the letter of recommendation that accompanies this document.

**do not waive** any right of access I may have, as provided by law, to the letter of recommendation that accompanies this document.

**Student/Applicant signature** \_\_\_\_\_

DATE: \_\_\_\_\_

*Absence of a signature above indicates the right to access has not been waived.*

**RECOMMENDER:** \_\_\_\_\_

NAME: (please type or print): \_\_\_\_\_

Title/Department: \_\_\_\_\_

Institution/Company: \_\_\_\_\_

*Please sign form below, indicating your awareness of the student's choice regarding right of access to your letter of recommendation, and attach this form to the letter.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_