

## WAIVER STATEMENT

Under provisions of Public Law 93-380, the Family Education Rights and Privacy Act of 1974, and under University guidelines pursuant to the Act, a student (defined as any person who has been officially admitted and registered at the University of Washington) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited.

Please sign one of the two statements below for inclusion in your file. Waivers are voluntary and may not be required as a condition of your admission.

I hereby *waive my right* to review recommendations requested by Graduate Dental Education regarding my application for admission to a post-doctoral program at the University of Washington.

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Signature

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Print Name

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Date

I *reserve the right* to review recommendations requested by Graduate Dental Education regarding my application for admission to a post-doctoral program at the University of Washington.

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Signature

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Print Name

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Date