



<b>Unit: Graduate and Professional Education Programs and Services (GPE)</b>	
<b>Program: Applied Behavior Analysis (ABA)</b>	
<b>Application Document: Waiving Access to Confidential Recommendations</b>	<b>Rev.: 09.25.18</b>

Please EMAIL or give this form to your recommender to include with their emailed letter and form of recommendation.

**THIS SECTION IS TO BE READ AND COMPLETED BY APPLICANT**

The Family Educational Rights and Privacy Act (FERPA) gives students the right to inspect recommendations written in support of their application for admission and/or financial assistance. The law also permits students to expressively waive the right to access and inspect recommendations submitted on their behalf. However, the waiver is voluntary and cannot be a condition of admission, award, or employment.

Please complete the information below and submit it to your recommender upon requesting a letter and form of recommendation. If your recommender does not submit a completed waiver form with the recommendation, **it is assumed that you elected to not waive your right to access the recommendation.**

I,	STUDENT LAST NAME	FIRST NAME
<b>STUDENT EMAIL ADDRESS:</b>		
<input type="checkbox"/> Agree to waive access to this recommendation. <input type="checkbox"/> Do not agree to waive access to this recommendation.		
NAME OF YOUR RECOMMENDER		
CURRENT TITLE/POSITION OF RECOMMENDER		
RELATIONSHIP OF RECOMMENDER TO YOU		
DATE	STUDENT SIGNATURE	
<i>Please type your full name in the "signature" as a way to officially "sign" this form &amp; indicate your choice regarding the right of access to your recommendation. By signing this form you are indicating that you have read and understood the regulation concerning Waiving Access to Confidential Recommendations.</i>		

**TIP FOR APPLICANTS:** Complete this form, sign it as above, & save it as a document on your computer, and then EMAIL it to your recommender to save them the trouble of scanning the form.

**THIS SECTION IS TO BE READ AND COMPLETED BY RECOMMENDERS**

Please type your full name in the "signature" area as a way to officially "sign" this form & indicate your awareness of the applicant's choice regarding right of access to your recommendation. Attach this signed form with your letter and form recommendation and EMAIL all three documents directly to the email address listed below.

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

PRINTED NAME: \_\_\_\_\_

**RECOMMENDER: PLEASE EMAIL YOUR LETTER, RECOMMENDATION FORM, & THIS WAIVER DIRECTLY TO THIS EMAIL ADDRESS:**

**app.support3@csun.edu**