

PRE-MEDICAL STUDENT WAIVER FORM
CALIFORNIA STATE UNIVERSITY, FRESNO

Name: _____ Student ID Number: _____

Students must sign either the Waiver of the Right to Inspect
OR
Election to have an open file, maintaining their right to inspect

**STUDENT WAIVER OF RIGHT TO INSPECT
LETTERS OF REFERENCE IN THE
CSUF PRE-MEDICAL STUDENT FILE**

I understand that the Family Educational Rights and Privacy Act, as amended, provides that students and former students may waive the right to inspect letters of recommendation. I hereby waive this right, thus electing to establish a confidential file with the CSUF Pre-Medical Advisor. I further understand that confidential letters of recommendation will be withheld from me. If I withdraw or revoke this waiver, confidential letters in my file will be withdrawn for return to the writer, and I will not be permitted to inspect them.

Signed: _____ Date: _____

**STUDENT RIGHT TO INSPECT
LETTER OF REFERENCE IN THE
CSUF PRE-MEDICAL STUDENT FILE**

I elect to establish a non-confidential (open) file with the CSUF Pre-Medical Advisor. Persons from whom letters of recommendation are solicited on my behalf will be informed that I may have access to them.

Signed: _____ Date: _____