



C E N T R A L

CONNECTICUT STATE UNIVERSITY

Name _____

Pre- _____

The Pre-Health Professions Advisory Committee of Central Connecticut State University has been requested by me to write a letter of evaluation which will be sent to health professions schools.

I voluntarily waive my right of access to this letter of evaluation in accordance with the Family Educational Rights and Privacy Act of 1974, as amended.

Signature _____

Date _____

_____ *or* _____

I retain my right of access to this letter of evaluation.

Signature _____

Date _____