



WAIVER FOR HEALTH CAREERS COMMITTEE LETTER OF RECOMMENDATION

DATE: _____

I, _____, would appreciate your writing a letter of recommendation on my behalf for _____. *(print school and/or program)*

I have requested that the following individuals write letters of evaluation to support my Health Careers Committee letter.

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

Articulation Agreement Interest:

I am planning to apply to the following program(s) and would like to utilize St. Lawrence's articulation agreement with the indicated institution(s).

Clarkson Physician Assistant

NYU Nursing

Clarkson Physical Therapy

University of Rochester Nursing

Waiver Statement:

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974, as amended, to examine the above letters of evaluation submitted as confidential to the Health Careers Committee of St. Lawrence University, and the summative Health Careers Committee letter. I certify this waiver is given voluntarily.

I hereby **DO NOT** waive my rights under the Family Educational Rights and Privacy Act of 1974, as amended, to examine the above letters of evaluation submitted to the Health Careers Committee of St. Lawrence University, and the summative Health Careers Committee letter.

SIGNATURE: _____

DATE: _____

STUDENT/ALUMNUS PHONE NUMBER: _____

STUDENT/ALUMNUS EMAIL ADDRESS: _____

STUDENT/ALUMNUS PREFERRED PROUNOUNS (please circle): she/her/hers

he/him/his

they/them/theirs

HEALTH CAREERS COMMITTEE

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