

Department of Atmospheric Sciences APPLICANT EVALUATION FORM

Name of Applicant: _____
Last First Middle

To the Applicant: Under the Family Education Rights and Privacy Act of 1974, students who are accepted and who matriculate into the school or college program for which they applied are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review. You have the option of (1) signing the following waiver; or (2) declining to do so.

% I expressly waive any rights of access I might have to this letter of recommendation under the Family Education Rights and Privacy Act of 1974, and grant permission for it to be held confidential.

Date: _____ Signature: _____

% I do not waive my right of access to this form. It shall be made available to me for inspection upon written request.

Date: _____ Signature: _____

1. I know the applicant: _____ very well _____ moderately well

