

STUDENT WAIVER FORM

Recommender Name _____ Title _____

Mr. /Ms. _____ requests that you prepare a statement concerning his/her potential in terms of success in a health profession. The individual for whom you have been asked to write a letter of recommendation is an applicant for medical or dental school admission. The letter you write for this person will be sent to professional schools and will have a significant bearing on the decision regarding his/her admission. Since professional schools are in possession of the applicant's academic credentials, you can help most by addressing the following points along with any other information you would like to provide.

I hereby give permission to release information regarding my attributes, preparedness for the health professions and academic performance to be included in this letter.

Student's Signature _____ **Date** _____

Please attach your letter to this form and forward it to the address below. Our office will then forward the letter to professional schools that request it. If there are any questions, please do not hesitate to call us at 480-965-2365.

SUGGESTIONS FOR WRITING THE LETTER OF RECOMMENDATION

- Interview the student for insight into their personal attributes and characteristics
- Request a biography and/or personal statement from the student so that you are familiar with their circumstances
- How long and under what circumstances have you known the student?
- What particular characteristics have you observed which you feel might lend them to a career in medicine/dentistry.
- If known, how does the student handle stressful situations?
- How would you assess the student's emotional maturity?
- What extracurricular activities is the student involved in?
- Omit any material regarding the student's grades/academic status.
- Address the letter "Dear Admissions Committee".

Please note: Your letter must be signed, on letterhead of your organization, and should be sent directly to this office. Medical and dental schools require signed letters to be furnished on letterhead for review.

If the student waives his/her right of access, your letter will be held in the strictest confidence. If the student wishes to retain access, a copy of your letter may be provided upon request.

_____ I hereby waive my right of access to this evaluation and understand that the contents of the evaluation will not be available to me now or at any future time.

_____ I wish to retain my right of access to this evaluation.

Student's Signature _____ Date _____