



Family Educational Rights and Privacy Act (FERPA) Waiver

I, (print name) _____ Student ID# _____,
understand that the letters of recommendation submitted to the DePaul
University Pre-health Advising Committee and the letters of recommendation
written by the DePaul University Pre-health Advising Committee that will
accompany my application(s) to any professional health programs are in
confidence. I waive all rights to inspect, review, or amend these documents,
whether pursuant to FERPA or otherwise.

Signature _____ Date _____