Office of Student Assistance
Revocation of Waiver of Right to Review Confidential Letters and Statements of Recommendation

Please complete this form if you previously completed a Waiver of Right to Review Confidential Letters and Statements of Recommendation form and would now like to revoke your waiver so that you may review confidential letters and statements of recommendation dated the date signed below on this form or after.

The Family Educational Rights and Privacy Act (FERPA) provides individuals with, among other things, the right to review their education records, which may include confidential letters (“Letters”) and statements of recommendation (“Statements”). You previously chose to waive your right to review Letters or Statements that relate to your admission to an educational institution or program, your application for employment, and/or your receipt of an honor or honorary recognition. If you wish to exercise your option to revoke your waiver and reinstate your right to review certain Letters or Statements written on your behalf, please mark the appropriate box (or boxes) below.

Note: This revocation will allow you to review Letters or Statements written after the date of this signed form. This revocation does not authorize you to review Letters and Statements written while the Waiver of Right to Review Confidential Letters and Statements of Recommendation form was in force.

I wish to reinstate my right to review the following types of Letters and Statements dated the date signed below or after:

☐ All Letters and Statements related to my admission to an educational institution
☐ All Letters and Statements related to my application for employment
☐ All Letters and Statements related to my receipt of an honor or honorary recognition

By signing below I revoke my waiver of my right under FERPA and reinstate my right to review the types of Letters and Statements marked above.

________________________________________________________________________  ________________
Print Name of Student                                                  Student ID No.

________________________________________________________________________  ________________
Signature of Student                                                  Date

Please forward this completed form to the Office of Student Assistance on any campus.