

## Recommendation Waiver

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NOTE TO APPLICANT . . . you (not your recommender) should fill out this form.

1. Please copy this form
2. Give a completed form to each recommender
3. Ask each recommender to submit the form with his/her letter.
4. References generally carry more weight when confidentiality is assured.

APPLICANT NAME

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*Please print or type*

NAME OF RECOMMENDER

I waive my right of access to the letter written by the person named above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I choose not to waive my right of access to the letter written by the person named above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

This form relates to letters written for which of the following? Please check all that apply:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Goldwater Scholarship | <input type="checkbox"/> Rhodes Scholarship |                                      |
| <input type="checkbox"/> Marshall Scholarship  | <input type="checkbox"/> Truman Scholarship | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mitchell Scholarship  | <input type="checkbox"/> Udall Scholarship  |                                      |