Athletic Training Program Application

BALL STATE UNIVERSITY
CONFIDENTIAL RECOMMENDATION WAIVER

Name of Applicant ___________________________ Semester applying _________________

To the Applicant: Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater utility in the assessment of a student’s qualifications, abilities and promise.

We invite you, therefore, but do not require you, to sign the following waiver (1): you may however, expressly decline to do so (2).

___ 1. I expressly waive any rights I might have to access to the letter of recommendation under the Family Educational Rights and Privacy Act of 1974 or any other law, regulation or policy.

   Date ______________Signature ________________________________

   Name (print) ________________________________

___ 2. I do not agree to the waiver above.

   Date ______________Signature ________________________________

   Name (print) ________________________________