Office of Pre-Health Professions
LOYOLA UNIVERSITY
1032 W. Sheridan, Sullivan Center 255
Chicago, IL 60660
773-508-3636
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WAIVERS

I, ____________________________________________, a current/former student at Loyola University Chicago, authorize for James M. Johnson, Ph.D., on behalf of the Pre-Health Advisory Committee, to provide a composite evaluation for me in pursuit of further education. I realize this evaluation may be positive or negative, and regardless of its contents, I release James M. Johnson, Ph.D., the Pre-Health Advisory Committee, Loyola University Chicago, and its board of trustees from any and all liability.

Signature of Applicant __________________________________________ Date __________________________

Student ID _________________________________________________

The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission to waive his/her right of access to confidential letters or statements written in his/her behalf if the recommendation is used solely for the purpose of admission and if the candidate, upon request, is notified of the names of all persons making such recommendations in his/her behalf. Under this legislation, candidates have the option of signing such a waiver, which is effective insofar as the recommendation is used solely for the purpose of admission.

Please sign under the appropriate statement:

I waive my right of access to the Committee letter of evaluation

I choose NOT to waive my right of access to the Committee letter of evaluation

_________________________  __________________________
Signature/Date  Signature/Date

I, ____________________________________________, hereby grant James M. Johnson, Ph.D., permission to contact my academic dean(s) and the Dean of Student Development at Loyola University Chicago in order to verify that I have/have never been the recipient of any institutional action resulting from unacceptable academic performance(s) or conduct violation(s). I understand that if any information is revealed about me, I will be contacted for further discussion, and the information may be included in my evaluation. I also understand that failure to grant this permission will not affect my ability to receive an evaluation, but it will be noted in my evaluation.

Signature of Applicant __________________________________________ Date __________________________