



**LOYOLA  
UNIVERSITY  
CHICAGO**

Pre-Health Professions  
Career Development Center  
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## Waiver for Re-Applicants

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 an additional 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

\_\_\_\_\_  
Date

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