

GVSU PRE-PROFESSIONAL PROGRAM

File Waiver Form

Name of Applicant

Professional Program Entering Class year

Student G Number

Academic major/minor

Date

Email

Phone

Pursuant to the Family Educational Rights and Privacy Act (FERPA – Buckley Amendment (1974));

Under the Family Educational and privacy Rights Act, 20 U.S.C. 1232(g), you may, but are not required to waive your right of access to confidential references given for any of the purposes listed on this form. If you waive your right of access, the waiver remains valid indefinitely.

____ **I waive my right of access to review my application file and the letters submitted to my application file as maintained in the Health Professions Advising office. I give my permission that these letters can include my grades, my GPA and/or my class rank.**

____ **I retain my right of access to review my application file and the letters submitted to my application file as maintained in the Health Professions Advising office. I give my permission that these letters can include my grades, my GPA and/or my class rank.**

Signature: _____

Printed name: _____



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Application and Personal Statement Use Waiver

(name)

(address)

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- ☐ Professional School Application including personal statement, and related activity descriptions.
- ☐ Personal statement.

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Perpetual

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Date: _____

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G#: _____