



## University Health Truman Medical Center Medical Laboratory Scientist Program

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#### Student Waiver of Rights

For purposes of admission to the University Health Truman Medical Center Medical Laboratory Science Program, I consent to the release of the following documents or information to be sent to professional or graduate schools designated by me:

1. Any and all record pertaining to academic performances at (list colleges and universities attended):
2. Letters of reference to the pre-professional advisor or pre-professional evaluation committee solicited at my request.

I understand that I can request a copy of all records under Item 1 above. I waive any and all rights of access to any of Item 2 above which would be otherwise available to me through the Family Educational Rights and Privacy Act of 1974, Public Law 93-380, as amended, or any other similar legislation. I freely waive this right in the belief that confidential reference statements are more readily acceptable by prospective evaluators at graduate and professional schools. I understand that such documents will be released only to persons with a bona fide interest in professionally reviewing my credentials, and that I have the right know the names of any and all persons submitting letters of reference.

Date

Date \_\_\_\_\_ Signature\_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_