

**WAIVER of RIGHT of ACCESS**  
**Houghton College Premedical Program**

NAME: \_\_\_\_\_

**DEAR HEALTH PROFESSIONS RECOMMENDATION COMMITTEE:**

Under the Buckley Amendment, I am aware that I have the right to see the items in my permanent file. This includes letters of recommendation. However, I also have the right to waive my access to this file if I so desire.

- I do waive my right of access to my file and recommendation letters.
- I do not waive my right of access to my file and recommendations letters.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date submitted