AUTHORIZATION   & WAIVER

The **Family Education Rights And Privacy Act of 1974** grants students the right to waive access to certain educational records.   This document serves as the form of consent on which the student requests (thereby granting authorization) Pre-Health Administrative Assistant to assemble and distribute evaluative data and waives or maintains their right of access to this data.

Date: _____

Name of Student: _____

Address: _____

Sam I.D. Number: _____

I **DO** **HEREBY** **AUTHORIZE** **AND** **DIRECT** the Pre-Health Administrative Assistant (working as my agent) to assemble a dossier of academic and non-cognitive credentials, recommendations, evaluations, and verifiable personal knowledge to be used by the Sam Houston State University The Medical & Dental Student Evaluation Committee (MDSEC) for my evaluation, rating, and endorsement. This documentation includes, but is not limited to offical high school and college transcripts. This documentation will provide the basis for a composite evaluation to be used in applying for admission to professional school. I understand this dossier can be distributed and reviewed by those faculty and committee members responsible for evaluating me for admission to professional school.   Regardless of admission results, I will hold Sam Houston State University and its employees harmless from liability associated with the assembly and contents of my dossier.

Signature of Student: _____**Date:** _____

I **DO** **HEREBY** **WAIVE** my right of access to all materials contained within the Medical or dental dossier assembled for my application to professional school including, but not limited to, letters, evaluations, and recommendations.

Signature of Student: _____**Date:** _____

I DO NOT WAIVE my right of access to all materials contained within the The Medical & Dental Student Evaluation Committee (MDSEC)dossier assembled for my application to professional school including, but not limited to, letters, evaluations, and recommendations.

Signature of Student: _____**Date:** _____

Witnessed: _____**Date:** _____