HARVARD UNIVERSITY  FACULTY OF ARTS AND SCIENCES  HARVARD COLLEGE

*Office of Undergraduate Research and Fellowships*

**WAIVER FOR LETTERS OF RECOMMENDATION**

**TO THE APPLICANT:**

Please discuss the issue of confidentiality, or right of access, with each person whom you will ask to write a letter of recommendation on your behalf. This form applies only to letters that will be held on file for you in the Office of Undergraduate Research and Fellowships. Please note that **all** application materials for unsuccessful applicants are destroyed after three years. Type your name and that of your recommender, check whether you do or do not waive your right of access, sign and date the form electronically, and upload with your application to CARAT.

“Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended, I,      ,   
 **do** /  **do not** waive my right of access, as provided by law, to the letter of recommendation written on my behalf by      .”

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| *(your signature)* | *(date)* |

Entering your name here affirms this waiver choice.