

**Premedical Postbaccalaureate Program, University of California, Riverside  
Letter of Recommendation Confidentiality Form**

**Instructions for Applicant:** The Federal Family Education Rights and Privacy Act of 1974 provides students with the right of access to their educational records. In the case of recommendations, you may waive that right. To complete this form, review and sign the statement below to indicate whether this letter is confidential and then provide it to your recommender.

I understand that I am not required to waive my right as a condition for admission or the receipt of any other service or benefit of the program. Select an option below:

**Letter is confidential.** I waive my rights of access to this letter.

**Letter is not confidential.** I do not waive my right of access.

Applicant's Name \_\_\_\_\_

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

**Instructions for Letter Writers**

Thank you for agreeing to write a letter on behalf of the applicant who is applying to a one-year academic program. The admissions committee values your evaluation of the applicant to succeed in our rigorous program and a career in medicine. We request that your letter be written on letterhead and that this form accompany the letter.

\_\_\_\_\_  
Recommender's Name Position or Title

\_\_\_\_\_  
Organization Email

Return your letter along with this waiver form by email or to the address below:

**Email Submission**  
[postbac@medsch.ucr.edu](mailto:postbac@medsch.ucr.edu)

**Mailing Address**  
Premedical Postbaccalaureate Program  
2608 School of Medicine Education Building  
University of California, Riverside  
Riverside, CA 92521