

FERPA Educational Rights and Information Waiver

I have elected to pursue pre-health coursework at Kennesaw State University and understand that health school applicants are required to have a composite evaluation and ranking submitted on their behalf by their undergraduate institutions. Because the Family Educational Rights and Privacy Act (FERPA) protects my educational records from disclosure unless I give my consent, I authorize Kennesaw State University to disclose my educational records to the professional health schools to which I intend to apply.

Upon this request, the College of Science and Mathematics at Kennesaw State University creates a pre-health file for all Kennesaw State premedical students for the purpose of gathering evaluations, rankings, and letters of reference that premedical students choose to solicit from persons such as professors, employers, etc. These submissions are then reviewed and compiled into a composite committee letter by the university's Pre-Health Faculty Letter Writing Committee. Each pre-health student's composite committee letter is then uploaded to the appropriate database in which professional health schools can view.

I, (print full name) _____, hereby choose to WAIVE my privacy rights, including but not limited to my rights under FERPA, and do authorize the disclosure of (1) any and all educational records and information to the KSU College of Science and Mathematics and the Pre-Health Faculty Letter Writing Committee, by such university personnel as I choose to ask for evaluations, rankings, and letters of reference; and (2) my committee letter to professional health institutions for evaluation purposes. This authorization includes, but is not limited to, my academic transcript, course grades, disciplinary records, advising records, and any other education records relevant to the preparation of my composite evaluation.

By signing below, I hereby acknowledge that I have read, or have had read to me, the above statements and I understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, suffer under no legal disabilities, and that I have freely and voluntarily signed this Educational Rights and Information Waiver.

Student's Signature

Your printed name represents your signature.

Date

Recommendation & Committee Letter Restriction Form

The KSU College of Science and Mathematics and the Pre-Health Faculty Letter Writing Committee was designed to serve as a source of information for pre-health school applicants and as a conduit for students using the committee letter option. Under college policy, perimeters are in place to protect the integrity of documents submitted to this office as well as this program's reputation.

Please initial next to each of the following:

_____ I understand that the individual letters of recommendation that have been submitted to the KSU College of Science and Mathematics Pre-Health Faculty Letter Writing Committee will be used for the sole purpose of actions relevant to a professional health program application. As a result, I will not have access to these letters for use in other programs or purposes.

_____ I understand that the composite committee letter developed on my behalf will only be used as part of the application process into the professional health program identified on the Pre-health File Information Form and that I will not have access to the composite committee letter under any circumstances.

_____ I understand that upon review of my file by the KSU Pre-Health Faculty Letter Writing Committee, if such committee deems my ranking as substandard, it will be at their discretion whether or not to endorse me as a candidate for a professional health program. I further understand that their lack of endorsement will prevent my committee letter from being included as part of my application.

Print First and Last Name

Signature
Your printed name represents your signature.

Date