

WAIVER FOR HEALTH CAREERS COMMITTEE LETTER OF RECOMMENDATION

DATE:	
I,, would app	reciate your writing a letter of recommendation on my
behalf for (please circle): MD/DO Physician A	Assistant Nursing/Nurse Practitioner Dentist
Physical Therapist	Occupational Therapist Other
I have requested that the following individuals we Committee letter.	rite letters of evaluation to support my Health Careers
NAME:	EMAIL ADDRESS:
Articulation Agreement Interest:	
I am planning to apply to the following program agreement with the indicated institution(s).	(s) and would like to utilize St. Lawrence's articulation
Clarkson Physician Assistant	UNE-COM DO medical school
Clarkson Physical Therapy	University of Rochester Nursing

Waiver Statement:	
I hereby waive my rights under the Family Educ	cational Rights and Privacy Act of 1974, as amended
to examine the above letters of evaluation submitted	as confidential to the Health Careers Committee of
St. Lawrence University, and the summative Health Ca	areers Committee letter. I certify this waiver is given
voluntarily.	
I hereby DO NOT waive my rights under the Fa	amily Educational Rights and Privacy Act of 1974, as submitted to the Health Careers Committee of St.
Lawrence University, and the summative Health Caree	ers Committee letter.
SIGNATURE:	DATE:
STUDENT PHONE NUMBER:	
STUDENT EMAIL ADDRESS:	
STUDENT PREFERRED PRONOUNS (please circle):	she/her/hers he/him/his

HEALTH CAREERS COMMITTEE

they/them/theirs

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