

Department of Electrical and Computer Engineering  
California State University, Chico  
**Letter of Recommendation Access Waiver Form**

The Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. 1232g) and the regulations adopted thereunder (34 C.F.R. 99) gives applicants the right to inspect letters of recommendation written in support of applications for admission, employment, or awards. The law also permits students to waive that right if they choose, although such a waiver is voluntary and cannot be a condition of admission, employment or award.

**APPLICANT / STUDENT**

**This section is to be completed by the Applicant prior to the Recommender.** Letters of recommendation will not be accepted unless accompanied by this form. Letters and forms are to be mailed directly by your recommenders to the department address below. \*Note: International applicants may send sealed recommendations with their application material directly to the Office of International Education.

Applicant Name: \_\_\_\_\_

- I waive my right of access to this form and letter of recommendation.
- I do NOT waive my right of access to this form and letter of recommendation.

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

**RECOMMENDERS**

\_\_\_\_\_  
Name (Please print or type) Institution or Company Name

\_\_\_\_\_  
Title / Position Relationship to Applicant (Advisor, supervisor, etc.)

Please rate (optional), by checking the appropriate boxes, the applicant relative to other students from your Department who have gone on to graduate school in recent years:

	Top 1-2%	Top 5%	Top 10%	Top 50%	Bottom 50 %
Academic Preparation					
Intellectual Promise					
Overall Ability					

On a separate sheet of letterhead, please write candidly about your knowledge of the applicant and the applicant's qualifications, including but not limited to the applicant's discipline, creativity, intellectual independence, capacity for critical thinking, and ability to organize and express ideas clearly.

Please sign this form below, thus indicating your awareness of the student's choice regarding right of access to your letter of recommendation, staple it to your letter, and mail to: \_\_\_\_\_

Should you have questions, please contact **Dr. Melody Stapleton, Department Chair and Graduate Coordinator, 530-898-6442.** Thank you for your support and cooperation.

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