



Request for Evaluation/Recommendation Letter – Dr. Hanna Broome

A. Student Information

Name _____ UMMC number: _____

This letter is for the following: ___ Professional school application ___ Job application ___ Other

Date (month/year) that you submitted your professional school application, if applicable: _____

B. Individual or Institution to whom letter will be sent:

Name of Individual/Institution _____

Date to send the following information _____

(check one) ___ by e-mail **OR** ___ by mail

Address _____

C. The only type of information that is to be released under this consent is:

- Current grades in current, in-progress courses
- Full academic record for completed courses (only after you've completed courses)
- Dates of enrollment
- Other (please specify) _____

D. The information is to be released for the following purpose:

- Recommendation letter for application to professional school
- Update letter for an application previously submitted to professional school
- Letter of reference for employment
- Other (please specify) _____

E. Waiver and consent

_____ I waive my right to examine this evaluation/recommendation letter, and grant consent for the (initials) School of Graduate Studies to release the aforementioned information.

Student Signature _____ Date _____

FERPA Overview

I understand that any and all personally identifiable information is protected under The Family Educational Rights and Privacy Act of 1974 (FERPA). Complete information about FERPA can be accessed on the [Enrollment Management website](#). I agree to waive my rights under FERPA and allow the individual/institution named above access to my specified academic records, provided by the School of Graduate Studies in the Health Sciences at University of Mississippi Medical Center.

- Check this box to indicate that you understand the FERPA law and information above, and that you give your consent for the specified information to be sent to the individual/institution above.