



COMMUNICATION DISORDERS
University of Kentucky CD Reference Form

Applicant Full Name _____

To the Applicant: Under the Family Education Rights and Privacy Act of 1974, students who are accepted and who matriculate into the school/college for which they applied, are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review.

You have the option of 1) signing the following waiver; or 2) declining to do so.

_____ I expressly waive any rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

Name Date

_____ I do not agree to the waiver above.

Name Date

To the Recommender: The individual named above is applying for admission to graduate study in the College of Health Sciences at the University of Kentucky. Your appraisal of the applicant's qualifications to undertake and benefit from such a program will be very helpful to the admissions committee. Before you agree to submit a recommendation, please review the reference to the Federal law entitled the Family Educational Rights and Privacy Act of 1974, as presented above in our instructions "To the applicant". ***Please include this form with your letter of recommendation on official letterhead.*** Thank you for your assistance.

Recommender Signature _____

Printed Name & Title _____

Agency/Institution _____ Date _____

Please return the completed form to: Office of Student Affairs
College of Health Sciences
University of Kentucky
900 S. Limestone
CHS Bldg., Rm. 111
Lexington, KY 40536-0200
Attention: CD Graduate Admissions