

State University of New York at Buffalo

Request for Letter of Reference

Applicant's Name _____ UB Person# _____
(please print)

The Family Educational Rights and Privacy Act (FERPA) of 1974/Buckley Amendment provides rights and protections regarding the disclosure of records held by the University, including files, documents and materials in whatever medium, which contain information directly related to a student and from which a student can be individually identified. By signing the waiver statement below, I waive my right to inspect under FERPA the reference letter solicited herewith. This waiver applies to all future holders of the solicited letter. The UB Prehealth Committee only keeps your recommendation letters on file for five (5) years.

I do not waive my right of access to this letter. (If waiver statement is unsigned, the law specifically reserves to the student the right of access to this letter.) _____ / _____
(signature) (date)

OR

I waive my right of access to this letter. _____ / _____
(signature) (date)

Referee Instructions: Please read and complete this reference request form, supplying the information requested below. If you would like to use your own stationery, please attach this completed form to your letter of reference.

Referee's Signature _____ Referee's Printed Name _____
Affiliation _____ Title _____ Address _____
Phone () _____

Please send completed form, together with reference letter, to: Coordinator of Prehealth Advising, Student Advising Services,
State University of New York at Buffalo, 109 Norton Hall, Buffalo, NY 14260.

