I hereby _____________________ (print “do” or “do not”) agree to waive my rights of access to this recommendation as provided in the Family Educational Rights and Privacy Act of 1974.

Signature ___________________________________________ Date ____________________

Recommendation for: ____________________________________

Check box if recommendation is attached □

Name of Recommender_______________________________ Title ______________________

Signature __________________________________________ Date ______________________

Please return this statement to:    Graduate Administrative Assistant
Department of English
Auburn University
9030 Haley Center
Auburn, AL 36849-5203