

**Please save as LastName\_FirstName\_Waiver.pdf prior to completing document.**

## **Release of Information**

I, \_\_\_\_\_ authorize Leslie Bell, Interim Coordinator of Health Professions Advising, to examine my personal file in the Dean's Office and the Dean of Student's Office for the purpose of constructing the letter of recommendation to graduate schools in the health professions.

Furthermore, I, \_\_\_\_\_ authorize the Dean of Students to release any information pertaining to disciplinary matters to Leslie Bell and the Health Professions Advisory Committee. I understand that this information would be used solely in preparing a letter of recommendation.

By entering your name in the space provided below, you are agreeing to all the terms and conditions described above and agree to be bound by these terms. Entering your name will result in an electronic signature and an enforceable legal contract under the US and New York laws. You agree that this is your electronic signature and intend to be liable just as if you had physically signed your name to the contract on paper.

E-signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Confidentiality Waiver**

I hereby voluntarily and irrevocably waive all rights of access, as conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, to the letter of recommendation written on my behalf by Leslie Bell and the Hamilton College Health Professions Advisory Committee as well as the individual letters of recommendation written on your behalf.

By entering your name in the space provided below, you are agreeing to all the terms and conditions described above and agree to be bound by these terms. Entering your name will result in an electronic signature and an enforceable legal contract under the US and New York laws. You agree that this is your electronic signature and intend to be liable just as if you had physically signed your name to the contract on paper.

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