

**INDIANA STATE**  
**DEPARTMENT OF SOCIAL WORK**

**Master of Social Work Reference Waiver Form**

**To be completed by the applicant.**

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

This recommendation will become a part of your admission file. It will be used solely for admissions consideration and will not be disclosed to any unauthorized individual without your consent.

**Notice of Waiver**

I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf. I also understand that by submitting this letter of recommendation with my application packet it becomes the property of the Indiana State University Department of Social Work. I also understand that if I am admitted to the Master of Social Work Program, I will be accorded access to its contents unless I voluntarily waive my right of access.

It is my desire that this letter be written in confidence, and I waive my right of access to this letter.

I wish to retain my right to read this document should I be admitted to the program and enroll.

Signature\_\_\_\_\_ Date\_\_\_\_\_

You must check one of the above options, sign and date this waiver if this letter is to be included in your file. Failure to comply will automatically forfeit the right of the applicant to read this letter.