

University of Wisconsin Population Health Fellowship Program

INSTRUCTIONS FOR LETTER WRITERS WAIVER FORM

Dear Letter Writer:

You have been asked to write a letter of recommendation for an individual applying to the University of Wisconsin Population Health Fellowship Program. In this letter, please comment on your relationship to this applicant, including the time frame in which you have known him/her. Please provide insight into and specific examples of the applicant's unique, *non-academic* qualities that illustrate/represent/offer evidence of the applicant's potential to further develop the professional behaviors necessary to become a public health professional.

Your assessment is important to us in evaluating this applicant's potential. Thank you for your time and your assessment of this candidate.

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), the candidate is entitled to review this letter of recommendation or to waive his/her right to access. If the candidate does not waive his/her right to review the letter and requests access, we will provide him/her with a copy if requested.

Please address your letter of recommendation to the Fellowship Selection Committee. Your letter should be written on letterhead and placed along with this waiver form in a sealed envelope with your signature across the envelope flap, then sent directly to:

**University of Wisconsin Population Health Fellowship Program
WARF, Room 387
610 N. Walnut St.
Madison, WI 53726**

Dear Applicant:

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), you are entitled to review this letter of recommendation or to waive your right to access. If you do not waive this right, and request to review the recommendation letter, we will provide you with a copy.

Please check the appropriate box and sign below before giving this form to the individual from whom you are requesting a letter of recommendation. This form must be received in addition to your letter of recommendation for your application to be considered complete.

I waive my right to review this letter of recommendation.

I refuse to waive my right to review this letter of recommendation.

Name (please print) _____ Date _____

Signature _____

Recommender Name _____