



DEPARTMENT OF ANTHROPOLOGY
GRADUATE PROGRAMS
WAIVER FORM

(PLEASE TYPE)

LAST NAME _____

FIRST NAME _____ MI _____

I elect to keep this recommendation confidential and I waive all rights of access to this recommendation as provided in the Family Educational Rights and Privacy Act of 1974 and its amendments. I authorize the person named below to provide a candid evaluation and I understand that this recommendation will not be available for my inspection at any time.

I do not waive my rights of access to this recommendation but I authorize the person named below to provide a candid evaluation. I understand that this recommendation may not be used in employment application evaluation on the basis of its non-confidential nature.

Signature of Candidate (must be signed to be valid) _____
Date

Address _____

Phone _____

Name of Recommender _____

Title _____

Department _____

University or Organization _____

**THIS UNR ANTHROPOLOGY DEPARTMENT WAIVER FORM MUST
ACCOMPANY EACH LETTER OF RECOMMENDATION
(Make copies of this form)**

*This form must be sealed in an institutional letterhead envelope with the letter of recommendation.
The envelope must be signed across the sealed flap by the recommender.
No photocopies or fax copies of waiver forms or letters of recommendation will be accepted.*