

# Bridgewater-Raritan Regional High School

*PO Box 6569, Bridgewater, NJ 08807*

*908-231-8660 Fax: 908-253-9480*

We recommend that you and your parent/guardian complete and sign this waiver, which indicates that you will not view the recommendation(s) prepared on your behalf.

**NAME OF STUDENT:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

## FERPA WAIVER

**Family Educational Rights and Privacy Act of 1974.** This form is to be used as a reference for college admissions purposes. As currently interpreted by the Department of Education, the Act provides that students and parents have a right to inspect and review the evaluation(s) if it is retained by the school unless that right is waived in writing. Sign your name below only if you wish to waive your right of access.

I request that this reference(s) be sent to the colleges to which I am applying and that it may be used in the admissions process. I understand that I may not read this reference(s) and I will not seek to do so in the future.

Print Student Name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_