Thank you for agreeing to submit a letter of recommendation for one of our students. The Department of Food Science and Human Nutrition administers a scholarship program established from several private endowments. We appreciate your insight as we make award recipient selections and request that your letter address qualities of the student for which you are in a position to address. Please return the completed form and letter of recommendation by February 1st to: Food Science and Human Nutrition Scholarship Committee, 106 G.M. Trout Food Science and Human Nutrition Bldg., Michigan State University, East Lansing, MI 48824-1224, (517) 355-8474, ext.129.

WAIVER

To the applicant: Please complete the following:

Applicant Name: (Please print)______________________________

Under the Federal Law, "Family Education Rights and Privacy Act of 1974", students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that they will retain confidentiality. It is your option to waive your right to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name.

The applicant should sign and date one of the following statements:

? ?I wish to waive my right to access to review this recommendation.
? ?I do NOT waive my right to access to review this recommendation.

Applicant Signature:_________________________Date:_______________________

The applicant should provide a completed Recommendation Request form to each reference person.