The University of Iowa Academic Advising Center
Recommendation Letter Waiver

Please complete one of the following statements:

A. I, _____, hereby waive the right to inspect and
(printed name)
review letters of recommendation written on my behalf and maintained at the Academic Advising Center.

(signed) _____

Date _____

B. I, _____, do not waive the right to inspect and
(printed name)
review letters of recommendation written on my behalf and maintained at the Academic Advising Center.

(signed) _____

Date _____

Institution or Program	Date Requested	Date Sent

Advisor: _____