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
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______________________| ________________| ________________
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Advisor: ________________________________