

Forms for Evaluators of Professional School Applicants

Request for Evaluation

To be completed by the student requesting the evaluation:

Name of student requesting evaluation: _____

Name of evaluator: _____

Type of school to which student is applying: _____

Course student took from evaluator, including dates: _____

Dates student was employed by evaluator: _____

Dates student was supervised as a volunteer by evaluator: _____

Other relationship to evaluator: _____

I understand that your candid evaluation, together with official school records and autobiographical information that I will supply as needed, will be collected by the Biology Health Professions Advisor to make a packet of evaluation letters that will be copied and sent to the schools to which I apply. I will supply to the Advisor a list of the admissions officers, addresses and phone numbers of all schools to which I am applying.

Signature of student requesting evaluation: _____

Date of signature: _____

RELEASE OF RIGHTS TO SEE EVALUATION

_____ I do not waive my rights.

_____ I do waive all rights which I otherwise would be able to assert under the Family Educational Rights and Privacy Act of 1974 with respect to this evaluation. By such waiver, I expressly consent to, and do hereby authorize, Southern Illinois University at Edwardsville and any professional school to which Southern Illinois University may hereafter forward this evaluation or its contents, to retain said evaluation of information in a strictly confidential manner, specifically to include withholding such from me and my family whenever any request to see it or to be informed of its contents, and otherwise to deny me access to this evaluation once submitted by the evaluator.

Signature of student requesting evaluation: _____

Date of signature: _____

To the evaluator:

Please attach your evaluation letter to this form.