WAIVER OF ACCESS RIGHTS TO LETTER OF RECOMMENDATION

Applicant’s Name

Last
First
M.I.

Address

Street
City
State
Zip

This Waiver of Access Rights form is for use by applicants for admission for Fall Quarter to the undergraduate degree program in Film and Television at UCLA.

Under the federal law titled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their educational records, including letters of recommendation. However, students may waive this right if they choose to.

Name of Recommender (please print)

Relationship (Teacher, employer, counselor, etc)

☐ I hereby expressly waive any and all rights of access I might have to the letter written by the above named individual under the Family Educational Rights and Privacy Act of 1974, and any other laws, regulations, or policies.

☐ I do not agree to waive access to the letter written by the above named individual.

Applicant’s Signature ______________________________ Date ______________

This form MUST be returned with the letter of recommendation to the address below:

Undergraduate Film Admissions
UCLA Department of Film, Television, and Digital Media
103 East Melnitz Hall, Box 951622
Los Angeles, CA 90095-1622

REvised 10/2017