

Bates

Medical Studies Reference Release Form

To be completed by Applicant:

Reference Writer:

Applicant's Name:

Class Year:

Major:

Has registered with the Bates Medical Studies Committee and is requesting a reference from you. Please express below your frank opinion of the applicant's qualifications for the professional school program(s) discussed with you.

Applicant's Waiver Statement

I am aware of my rights to inspect and review materials in my file with the Bates Medical Studies Committee as enumerated under the "Family Educational Rights and Privacy Act of 1974" and do hereby waive do not waive my right to review this letter of reference.

I also allow do not allow my reference writer to disclose in this letter any and all information contained in my education record at Bates College, including but not limited to my grades, my thesis, any of my written academic work or research, and any evaluations of my work or research.

Type your name here as your signature

(Date)

To be completed by Reference Writer:

This recommendation will be included as part of the applicant's reference letter packet. Please provide the recommendation on your organization's **letterhead, including a recent date and your signature**. The recommendation letter should be addressed to "**Dear Admissions Committee**". Please fill out the bottom section of this form and **return it along with the recommendation letter** to James H. Smith of Bates College by email (jsmith6@bates.edu).

I, the reference writer, understand that this letter will be available for the inspection and review of the applicant upon his or her request if the applicant has not chosen to waive the right to review this letter. (See waiver statement above.)

Type Name as Signature:

Date:

Organization:

Title:

Email:

Phone: