

Signatory for FERPA Compliance

For a Confidential Selection and Evaluation Process in Determining Which Student is Selected for Shadowing Opportunities:

1. I authorize WVU ICRH and the joint partnership of the Rural Undergraduate Shadowing in Healthcare (RUSH) program to transmit such information in support of my application for the selection for rural observational shadowing opportunities. I release West Virginia University and its individual staff members from civil liability for any damages sustained by me by reason of their respective functions and services in fulfillment of this request.

Signature: _____ Date: _____

Print Name: _____

2. Please check ONLY ONE box.

I hereby voluntarily waive and relinquish any right of access to this confidential selection and evaluation process.

NOTE: When you WAIVE YOUR RIGHT TO ACCESS, you do not have the right to read the evaluation once completed by the evaluator. By exercising this option, you are in essence asking the investigators and the evaluators to engage in a confidential selection and evaluation process.

I retain my right of access to this selection and evaluation process.

NOTE: When you DO NOT WAIVE YOUR RIGHT TO ACCESS, you have the right to read the evaluation once completed by the evaluator. By exercising this option, you are telling the letter-writer that the letter is not confidential.

Signature: _____ Date: _____

Print Name: _____