



APPLICANT WAIVER OF ACCESS TO LETTERS OF RECOMMENDATION

The position you are applying for at Southwest Minnesota State University requires a minimum of three letters of recommendation as part of its application process. Applicants must provide a signed Waiver of Access to Letters of Recommendation form when letters of recommendation are required as part of the employment application process.

Letters of recommendation become part of the applicant's application file. Unless applicants sign a voluntary waiver of their rights to access these letters, they have the right to review them at any time.

For Applicants

Applicants requesting letters of recommendation written on their behalf should complete and sign a form and submit it to each person who agrees to write a letter of recommendation. Letters of recommendation will not be considered unless accompanied by this form.

For Individuals Writing Letters of Recommendation

The letter of recommendation becomes part of the applicant's application file and can be reviewed by the applicant unless he or she waives the right to review the letter.

Anyone writing a letter of recommendation as part of the application file should submit a copy of the waiver form along with the letter so that the letter will remain confidential once received by the institution.

To Be Completed by the Applicant

Note: Waivers of access to letters of recommendation are *optional* and *voluntary*.

Applicants: Please complete this form and give it to the individual who will write of letter of recommendation.

Applicant name (**print**): _____

Under the Minnesota Government Data Practices Act (Chapter 13 of the Minnesota Statutes), you may, but are not required to, waive your right of access to confidential letters of recommendation given for any of the purposes listed on this form. If you waive your right to access, the waiver includes, but is not limited to, the right to inspect and review this letter, the right to have a copy of this letter made for my use, and the right to request an amendment to this letter. The waiver remains valid indefinitely.

_____ I hereby **waive** my right to examine the following letter of recommendation.

_____ I **do not waive** my right to examine the following letter of recommendation.

Applicant's Signature: _____ Date: _____

Name of Recommender: _____