

# References

Please list your 2 references below. Include their name and email address.

Optional Waiver of Rights: Under the provision of the Family Education Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. In order to encourage candor on the part of the individual completing this form, the student may choose to waive the right of access to these recommendation forms/letters. If you wish to waive the right to examine this recommendation form, and any attached letter submitted with it, please select the first option and sign below. If you select the second option and sign below, you will have access to the forms/letters upon acceptance to the Graduate Academic Certificate in Applied Behavior Analysis.

I waive my rights to examine the recommendation forms.

I do not waive my rights to examine the recommendation forms.

\_\_\_\_\_  
Signature

Reference 1 Name: \_\_\_\_\_

Reference 1 Email: \_\_\_\_\_

Reference 2 Name: \_\_\_\_\_

Reference 2 Email: \_\_\_\_\_