



## WAIVER

The Family Educational Rights and Privacy Act permits us to request that you waive your right to inspect the letters of reference and statements of recommendation received by this office for admission into the health occupations program.

I hereby waive my right to inspect letters of reference and statements of recommendation received by the Allied Health Department of OTC when used for admission purposes.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

## NON-DISCRIMINATION STATEMENT

OTC endorses and practices the principle of equal education and employment opportunity for all persons regardless of race, color, sex, religion, ancestry, national origin, age, marital status, parental status, or non-job related handicap or disability in the educational programs, services and activities it operates.