## TUSKEGEE UNIVERSITY COLLEGE OF VETERINARY MEDICINE

9(7(5,1\$5,\$1\$6 &21),'(17,\$/(9\$/8\$7,21)250)

Please return this form by SEPTEMBER 1

th to:

University & ROOHJH RI 9HWHULQDU\ 0HGL 2IILFH RI \$GPLVVLRQV DQG 5HFUXLWP : HVW 0RQWJRPHU\ 5RDG

Tuskegee, AL 36088

Name of Applicant:					
	Last	First	Middle	Maiden	
9 H W H U L Q D U L	DQ·V 1DPH	<u>&amp; R O</u> O <del>la</del> ldd	n <b>is</b> isiàn process. The follo	wing judgments are to be ba	sed prir
	SHUVRQDO	TXDOLWLHV EH	ЮГНУНС ПНОН	IYDQW WR DQ LQ	GLY
	the College of Veter	inary Medicine comply wit	h federal and state legisla	ation that prohibits discriminati	ion on t
	basis of handicap, pl	ease refrain from mention	ng any physical or mental	handicap that the applicant m	nav have

## TO THE APPLICANT:

- 1. Select a veterinarian to complete this form who knows you well enough to evaluate your personal qualities. The evaluator may not be a relative by marriage or birth.
- 2. Please sign your name on the appropriate part of the waiver for this form (see below).
- 3. Send the form to the evaluator. Provide the evaluator with a stamped addressed envelope to the address above. The evaluator should complete the evaluation form and return it to this office.
- 4. You are responsible for forwarding this form to evaluator.

ONLY THOSE EVALUATIONS RETURNED DIRECTLY BY THE EVALUATOR WILL BE ACCEPTED.

APPLICANTS MAY WAIVE THE RIGHT OF ACCESS WRITTEN EVALUATIONS AS PROVIDED FOR UNDER THE EDUCATION PRIVACY ACT OF 1974. PLEASE INDICATE YOUR WISHES BY SIGNING BELOW EITHER STATEMENT A OR B.

A. I hereby waive my right of access to the Confidential Evaluation provided by the person named on the front