



**University of Michigan-Flint
Michigan State University, College of Human Medicine (MSU-CHM)
Early Assurance Program**

File Waiver Form

Name of Applicant

UMID Number

Academic major/minor

Date

Email

Phone

Pursuant to the Family Educational Rights and Privacy Act (FERPA – Buckley Amendment (1974)),

____ I waive my right of access to review my application file and the letters submitted to my application file as maintained in the Academic Advising and Career Center.

____ I retain my right of access to review my application file and the letters submitted to my application file as maintained in Academic Advising and Career Center.

Return to:

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