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EXHIBIT B

WAIVER OF ACCESS RIGHTS TO STUDENT RECORDS

I, _____, understand
(Name)

letters and statements of recommendation concerning me are to be received and maintained by the _____ Campus of the University of California, and I hereby expressly and voluntarily waive any and all access rights I might have to such recommendations under the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies.

This waiver is applicable to confidential recommendations to be received from the following person or the following classes of persons or institutions, (Be Specific):

This waiver is applicable to the following Student Record or the following classes of Student Records, (Be Specific):

The purpose for which such confidential recommendations are being obtained is:
(Be specific, for example, admission to the Graduate Program in History on the Berkeley Campus, or employment on the Davis Campus, or undergraduate scholarship awards on the Riverside Campus.)

Date: _____ **Signature:** _____