

**STATEMENT OF POLICIES CONCERNING CREDENTIAL FILES (HEALTH PROFESSIONS)**  
**UNIVERSITY OF RICHMOND, VIRGINIA 23173**

Information that is placed, or caused to be placed, in the credential file becomes the property of this institution and as such will not be returned to you. Your credential file will remain active for a minimum of three years from its initial date of activation or the date of its most recent update. If after three years your file has not been updated or used, it will be permanently deactivated.

**CONTENTS OF THE CREDENTIAL FILE**

1. **HPAC Questionnaire**
2. **Official UR e-Transcript and transcripts from all other institutions from which you have taken college courses**
3. **Supporting Letters of Recommendation**
4. **Committee Letter of Recommendation**

**CONSENT FOR DISCLOSURE**

I authorize the Health Professions Advisory Committee at the University of Richmond to release my letter of evaluation and all supporting letters of recommendation to the medical/dental/optometry schools or other post-baccalaureate programs to which I apply. I understand that the HPAC evaluation is based upon and may reference supporting letters, my interview with the HPAC and any other materials contained within my credential file. In all cases, the HPAC will maintain the confidentiality of my file as directed by Family Educational Rights and Privacy Act (FERPA). I have read and understand the above policy.

Print Name: \_\_\_\_\_ UR ID #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Email address: \_\_\_\_\_ Major: \_\_\_\_\_ Grad date: \_\_\_\_\_

**WAIVER OF ACCESS TO RECORDS**

*Note: A student is entitled to an HPAC letter of recommendation, regardless of whether or not s/he waives his/her rights to access his/her committee letter. However, students should be aware that not waiving their rights is highly unusual and will likely diminish the impact of the HPAC letter in the admissions decision. Also, if you do not waive your rights to see materials in your file, then you are obligated to inform each person you ask for a reference letter of that fact.*

I hereby waive my right of access to confidential statements and recommendations that are contained in, or are a part of, my educational records in the possession of or used by the University of Richmond's HPAC. This waiver, which I understand I am not obligated to sign, can only be revoked in writing and only in respect to confidential statements and recommendations placed in my files subsequent to written revocation.

Please sign either statement:

\_\_\_\_\_  
I **waive** my right to access the contents of my credential file.

\_\_\_\_\_  
I **do not waive** my right to access the contents of my credential file.

\*\*Return completed form to Ms. Deatrice Cleaton, Gottwald Science Center, B100.\*\*