

**San Francisco State University
PSYCHOLOGY DEPARTMENTAL APPLICATION**

Waiver of Right to View Letters of Recommendation

NAME: _____

ADDRESS: _____

PHONE #: _____ APPLICATION TERM: _____

GRADUATE CONCENTRATION (circle one):

CLINICAL DEVELOPMENTAL I/O MBB SOCIAL SCHOOL

WAIVER

Letter #1`

I, _____, hereby waive my right to view the recommendation written by _____ submitted as part of my SFSU Psychology Department graduate program application. My signature implies my compliance with the complete confidentiality of this recommendation.

Applicant's Signature Date

Letter #2

I, _____, hereby waive my right to view the recommendation written by _____ submitted as part of my SFSU Psychology Department graduate program application. My signature implies my compliance with the complete confidentiality of this recommendation.

Applicant's Signature Date

Letter #3`

I, _____, hereby waive my right to view the recommendation written by _____ submitted as part of my SFSU Psychology Department graduate program application. My signature implies my compliance with the complete confidentiality of this recommendation.

Applicant's Signature Date
