

**Carl Rosberg and Judith Geist
Undergraduate Research Fellowship Program**

Waiver Form for Letter of Recommendation

Provide a hard **copy of this signed form** to the recommender
and another copy to the Center for African Studies.

Name of Applicant: _____

Applicant – The letter of recommendation you are requesting in support of your application for the Carl Rosberg and Judith Geist Undergraduate Research Fellowship will be kept confidential. The Family Education Rights and Privacy Act of 1974 and its amendments, and the California Information Practices Act of 1977 and its amendments, guarantee you access to educational records concerning yourself. You also are permitted by those laws to voluntarily waive that right of access.

Please check one:

I waive my right of access to this letter of recommendation from

Name of recommender _____

I do not waive my right of access to this letter of recommendation from

Name of recommender _____

Signature of applicant Date

RECOMMENDER: Please e-mail your recommendation to the Center for African Studies africa_center_fellowships@berkeley.edu
The letter can be in any of the following formats: (PDF, MS Word, e-mail text, etc.)
If you have questions, please direct them to Martha Saavedra <martha@berkeley.edu>