HUNTER COLLEGE DEAN'S CERTIFICATION FORM

To The Applicant: Please fill out Part A of the form. The Pre-Law Advisor is responsible for completing Part B. When delivering this form to the Pre-Law Advisor, please include a pre-addressed stamped envelope for the school which is to receive the document.

Part A:		
LSAC Account Number:	Date of Birth:	
Hunter Student ID Number:		
First Name Last N	Name	
Address City &	City & State	
Dates of Matriculation: from to		
Degree Date/expe	cted date of graduation	
	ucational Rights and Privacy Act of 1974) provides me y be waived. I understand that no school or person can not make such a waiver.	
I hereby waive do not waive n	ny right of future access to this certification.	
Signature: Date:		
Part B: Degree: Date awarded or	expected:	
disciplinary charges now pending or expected to bro	academic probation, expelled, suspended, required to No \square	
Signature:		
Name: Elise B. Jaffe Director of Pre-Law Programs and Pre-Law Advisor Hunter College of C.U.N.Y 695 Park Ave. Room 1134 East Building New York, NY 10065	Phone: 212-772-4889 e-mail: <u>Elise.Jaffe@hunter.cuny.edu</u>	

Hunter College Pre-Law Advising Office

RELEASE OF RECORDS AND ACCESS FORM

Please return to: Elise B. Jaffe Pre-Law Advisor HE1134 New York, NY 10021

Questions? Phone: (212) 772-4889; e-mail: Elise.Jaffe@hunter.cuny.edu

Applicant's Name (Please Print):

Name and Address of School to Receive Form_____

To the Applicant:

Please print your name above and sign either (a) or (b) below before returning this form to the Pre-Law Office.

Under the provisions of the Family Educational Rights and Privacy Act, my signature below authorizes the Pre-Law Advisor to consult with various campus sources, to have access to information related to campus disciplinary sanctions and to have access to letters of recommendation written on my behalf by University instructors and staff in order to prepare letters on my behalf. It also authorizes the Pre-Law Advisor to release these Dean's letters and Dean's Certification forms in order to complete my application to professional school.

Signature

Check and sign <u>either (a)</u> or (b) below:

(a) I <u>do</u> waive my right of access to letters submitted on my behalf by the Pre-Law Advising Office.

Date:

(b) I <u>do not</u> waive my right of access to letters submitted on my behalf by the Pre-Law Advising Office.

()_____

Date:

IMPORTANT: The waiver option you choose on this form must coincide with the waiver choice on the Dean's letter form(s).

CONTACT INFORMATION

LAST NAME:	FIRST NAME: SEX: $F \Box M \Box$
ADDRESS:	CITY / STATE / ZIP:
HOME PHONE:	E-MAIL: Please print clearly
CELL PHONE:	rouse print clearly