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**To Be Completed by Applicant**

Applicant Name \_\_\_\_\_

xxx-xx-

Last 4 Digits of Social Security Number \_\_\_\_\_

Name of Evaluator \_\_\_\_\_

Evaluator's Department or Affiliation \_\_\_\_\_

Courses Taken With Evaluator \_\_\_\_\_

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**Instructions to Evaluator:**

The above-named student is applying to law schools and is requesting that you evaluate him/her as a candidate. The information you provide is confidential and will be used only in the law school admissions process. The applicant has indicated on the bottom of this form whether s/he wishes to have access to this evaluation. It would be very helpful if you could provide a statement encompassing your assessment of the applicant as a person, as a student, and as a potential addition to the legal profession.

The following letter format is suggested: Date in the upper right hand corner, student name and social security number on the left, followed by a salutation such as "Committee on Admissions:" Please return this form signed below and your signed letter on your official department stationery to the Office of Pre-Law Advising in a sealed envelope at the following address:

Dean Steven P. O'Day  
Office of the Dean of the College  
Franklin & Marshall College  
P.O. Box 3003  
Lancaster, PA 17604-3003

The letter will be placed in the applicant's file to be later photocopied and sent directly to the designated law school(s). Please read and complete the statement below:

I permit the Office of Pre-Law Advising to enclose this evaluative statement with the above applicant's application materials to law schools.

Evaluator's signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for taking the time to evaluate F&M applicants to Law Schools.*

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Applicants may waive the right of access to written evaluations as provided under the Education Privacy Act of 1974. Please indicate your wishes by signing either statement A or B below.

A. I hereby waive my right of access to the confidential evaluation provided by the person named above. He/She should be notified that the confidentiality of the evaluation is preserved.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

B. I do not waive my right of access to the confidential evaluation provided by the person named above. He/She should be notified that I retain the right of access. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_