**Jacobs School of Medicine and Biomedical Sciences**

Confidentiality Statement

The University at Buffalo provides candidates with access to solicited evaluations only if the writer gives explicit written permission. Please indicate below your preference by checking the appropriate statement and returning this form with your letter. If you do not return this form, it will be assumed that you wish your letter to be confidential.

Candidate’s Name:

 The candidate **may** read my letter of evaluation as it is currently written.

 The candidate may **not** read my letter of evaluation.

 The candidate **may** read my letter of evaluation, **if all information indicating**

 **my identity is deleted**.

**Evaluator’s Professional Profile:**

Academic Rank / Title:

Institutional Affiliation:

Relationship with candidate (if any):

 Evaluator’s Signature

 Evaluator’s Name (printed)

 Date