



Stanton Nuclear Security Fellows Program
Fellowship Letter of Evaluation

This section should be signed and dated by the applicant before forwarding to the evaluator.

For signature by the applicant:

I understand that this letter of evaluation, requested from the evaluator identified below, is to be received and maintained in confidence by RAND in consideration for the Stanton Nuclear Security Fellows Program.

I hereby expressly waive any and all rights I might have of access to this letter of evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any or all other laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter, the right to have a copy of this letter made for my use, and the right to request an amendment to this letter.

I agree to waive access to this letter of evaluation.

I do not agree to waive access to this letter of evaluation. I understand that according to the Family Education Rights and Privacy Act of 1974, I only have access to this form if I am selected and actually accept the Stanton Nuclear Security Fellows Program.

Name of applicant (please print) _____

Signature of applicant _____ **Date** _____

Failure to complete and sign this section will be considered an expressed waiver of your rights.

To the Evaluator: In considering applicants to the Stanton Nuclear Security Fellows Program, particular emphasis is placed on letters of evaluation and the applicant's choice of evaluators. In your letter of evaluation, we welcome your assessment of the applicant's abilities and other qualities. In addition, you may also comment on the strength of the applicant's project proposal for the fellowship.

Please return this form, along with your letter of evaluation, in a sealed envelope to the applicant. Please sign your name across the sealed flap.

On behalf of the Stanton Nuclear Security Fellows Program, we thank you for taking the time to provide this evaluation.

Signature of Evaluator _____ **Date** _____

Name of Evaluator (please print) _____

Address _____

City _____ State _____

Country _____ Postal/Zip Code _____

School or Company name _____

Position or Title _____