

**TEXAS TECH UNIVERSITY  
DEPARTMENT OF HUMAN DEVELOPMENT AND FAMILY STUDIES  
HDFS MASTER'S SPECIALIZATION**

**CONFIDENTIALITY STATEMENT**

Student's Name \_\_\_\_\_ (Circle one) M.S. Ph.D.

Name of Student's Academic Advisor \_\_\_\_\_

List professors who can evaluate you academically:

| <u>Professor's name</u> | <u>Course name / Assistantship type</u> | <u>Semester</u> |
|-------------------------|---|-----------------|
|-------------------------|---|-----------------|

I agree ( ) do not agree ( ) that diagnostic statements solicited with respect to my admission to candidacy for the Master's degree or preliminary examination for the doctoral degree may be kept confidential. If I agree, I understand that such statements may not be released to me at a later date without the expressed permission of those who wrote them. I further understand that if I do not agree to the confidentiality of the diagnostic statements, this will not in itself disqualify me from being considered for continuation in my degree program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date