

Office of Pre-Professional Advising and Fellowships Nexus Building, Room 145 One South Avenue Garden City, NY 11530

Date:	
WAIVER OF STUDENT	"S RIGHT OF ACCESS
Pursuant to HEW regulations issued under undersigned student does hereby waive rigrecommendations as prepared by the Pre-I respect to my candidacy for admission to p	ght of access to confidential statements or Health Council of Adelphi University, with
Student's Name (Please Type)	Student's Signature (Electronic Signature will be okay)