



Office of Pre-Professional Advising
Nexus Building, Room 147
One South Avenue
Garden City, NY 11530

Date:

WAIVER OF STUDENT'S RIGHT OF ACCESS

Pursuant to HEW regulations issued under the Privacy Rights of Student's Law, the undersigned student does hereby waive right of access to confidential statements or recommendations as prepared by the Pre-Health Council of Adelphi University, with respect to my candidacy for admission to professional school.

Student's Name (Please Type)

Student's Signature
(Electronic Signature will be okay)