

Graduate Certificate Program
Infant Mental Health

Letter of Recommendation & Applicant's Waiver Notice

WAIVER

Name of applicant: _____

Applicant's waiver: TO THE APPLICANT: You may waive your right to have access to a specific letter of recommendation written about you for the Graduate Certificate Program in Infant Mental Health by signing and dating this notice.

I waive and disclaim all my rights to have access to any recommendation letter written about me for the Infant Mental Health program.

Applicant's Signature

Date

Instructions: Please complete letter of recommendation in pen and return to applicant in an envelope with your signature over the sealed flap.

LETTER OF RECOMMENDATION

Your name: _____

Address: _____

Phone number: _____

Title: _____

How long have you known the applicant? _____

In what capacity did/do you know the applicant? _____

