



Readmission Waiver of Access for All References

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Sign and date the waiver below and provide to the individual you are asking to recommend you.

**Waiver of Access** (Only sign and date one section, either section A or section B)

A. I authorize the release of a candid evaluation to assist the readmissions process of Bon Secours Memorial College of Nursing. I understand that **the recommendation will remain confidential** and I waive any right of access that I might have by law. I also understand that the College of Nursing does not require me to waive this right; nor does it affect my application for admission.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20

**- OR -**

B. I authorize the release of a candid evaluation, but **I retain my rights to examine the recommendation** should I enroll as a student in Bon Secours Memorial College of Nursing.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20

Your prompt attention to the reference request is greatly appreciated. Please return it to the applicant in a sealed envelope with your signature across the seal or mail/email it directly to the College of Nursing.

Bon Secours Memorial College of Nursing  
Attention: Admissions Department/References  
8550 Magellan Parkway, Suite 1100  
Richmond, VA 23227  
admissions@bonsmcon.com