



**WAIVER OF ACCESS TO CONFIDENTIAL RECOMMENDATION
LETTERS/STATEMENTS**

Instructions to the applicant: You may waive your right to inspect and view this letter of recommendation relating to your application to the fellowship program of the W. E. B. Du Bois Research Institute. Please complete this form and give a signed copy to each person providing a written letter of recommendation on your behalf.

Instructions to the person providing a recommendation letter: As indicated below, this applicant has/has not waived the right to view or inspect your recommendation letter. Please attach this form to your letter and mail to:

Dr. Krishna Lewis
W. E. B. Du Bois Research Institute
Hutchins Center for African & African American Research
Harvard University
104 Mount Auburn Street #3R
Cambridge, Massachusetts 02138
krishna_lewis@harvard.edu

I understand that I may voluntarily waive my right to inspect or view the recommendation letter that is being submitted in support of my application to the W. E. B. Du Bois Research Institute. I further understand that if I waive my right to inspect or view this recommendation such action is irrevocable and I will not be permitted to view or otherwise obtain any information contained in this letter.

_____ I decline to waive my right to inspect or view this letter.

_____ I waive my right to inspect or view this letter.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

