Confirmation of Grounds of Inadmissibility Waiver Request

Date: [_____]

Applicant Name: [_____]
Case/Receipt Number: [_____]
Date of Birth: [_____]

Section 1: Grounds of Inadmissibility

☐ Health-related grounds
☐ Criminal and related grounds
☐ Security grounds
☐ Public charge
☐ Other (specify): [_____]

Section 2: Description

[   ]

Section 3: Waiver Request

I, the applicant named above, hereby confirm that I am requesting a waiver for the grounds of inadmissibility specified in this document.

Signature: [_____]
Date: [_____]