



## IMMIGRATION AGREEMENT

I acknowledge that I received my test results in two sealed envelopes. One of which is for my own personal records and one, **which should not be opened**, for my interview.

NYU Medical at Trinity Center is not responsible for opened, lost or stolen forms. If this should occur, I will have to pay for a new set of forms. I also understand that my file will be discarded after one full year.

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PRINT NAME

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SIGNATURE

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DATE