



College of Science & Mathematics
PreHealth Program
106 Oelman Hall
3640 Colonel Glenn Hwy.
Dayton, Ohio 45435-0001
(937) 775-3180

www.science-math.wright.edu/pre-health

**Authorization for Release of Confidential Information
2016-2017**

I, _____ (include middle name), a student at Wright State University, hereby authorize the Pre-Health advisor at WSU, to supply an evaluation of me to the schools listed below. I understand that this letter will include letters from faculty and other people I have solicited for support, as well as comments from the Pre-Health advisor based on my interactions with her in and out of the classroom.

This evaluation is being supplied at my request and I hereby (***check all that are appropriate***)

- WAIVE** the right to access this evaluation and any information contained within it or attached to it.
- DO NOT WAIVE** the right to access this letter and any information contained within it or attached to it. (If this is checked, the premedical advisor's office will not submit a student's letters to dental schools. It becomes the student's responsibility to have the letter writers directly send the letters to each dental school.)
- Understand that the authorized recipient of this evaluation shall hold this information in confidence and that it will be used solely for the purpose of evaluating my application for admission to the above named schools.
- Understand that the evaluation will become part of my application materials for admission to dental school and will be scanned and submitted electronically to the dental schools I have listed above.

I have included all of the following:

- A processed finalized copy of my AADSAS application
- a photograph of myself
- a copy of my DAT scores (if not included on your AADSAS application)

Evaluation letters to be received and included in my letter packet are from:

_____	_____
_____	_____

Signature _____

Date _____

*Email _____

*Phone _____

AADSAS ID# _____

*Authorization must be delivered to 106 Oelman Hall.