



**WRIGHT STATE
UNIVERSITY**

**College of Science & Mathematics
Pre-Health Program**
106 Oelman Hall
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Dayton, Ohio 45435-0001
(937) 775-3180

<http://science-math.wright.edu/pre-health>

**Authorization for Release of Confidential Information
2015-2016**

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 him/her in and out of the classroom.

Are you applying through AMCAS? _____
Yes No _____

Are you applying through AACOMAS? _____
Yes No _____

(If yes, please list each D.O. school you are applying to) _____

- 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 medical schools. It becomes the student's responsibility to have the letter writers directly send the letters to each medical 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 medical school and will be scanned and submitted electronically to the medical schools I have listed above.

I have included all of the following:

- A processed finalized copy of my AMCAS and/or AACOMAS applications
- a photograph of myself
- a copy of my MCAT scores (if not included on your AMCAS/ACCOMAS forms)

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

Signature _____

Date _____

*Email _____

*Phone _____

AAMC ID# _____

Letter ID# (AMCAS) _____

AACOMAS ID# _____

*Authorization must be delivered in person to 106 Oelman Hall.