



**WRIGHT STATE
UNIVERSITY**

**College of Science & Mathematics
Premedical Programs**
104 Biological Sciences
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Dayton, Ohio 45435-0001
(937) 775-4226

www.wright.edu/cosm/premed/

**Authorization for Release of Confidential Information
2007-2008**

I, _____ (include middle name), a student at Wright State University, hereby authorize Jacqueline Neal, Director of Premedical Programs 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 Jacqueline Neal 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 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 AACOMAS forms (whichever applies)
- a photograph of myself
- a copy of my MCAT scores
- a phone number and e-mail address where I can be reached for the next six months

My letters are being submitted to Jacqui Neal by:

_____	_____
_____	_____
_____	_____

Signature _____

Date _____

Email _____

Phone _____

*Witness Signature _____

AAMC ID# _____

*Authorization must be delivered in person to 104 Biological Sciences Bldg. The student's signature must be witnessed by personnel of CoSM. You will be asked to provide identification if the Authorization is pre-signed when delivered.