

Declaration of Intent to Pursue Application to Medical/Allied Health Program and Waiver of Access for Messiah College Graduates

I, _____, intend to apply to a medical/allied health graduate program (hereafter referred to as "medical school") in the area(s) of: (i.e., medical, dental, veterinary, PA, chiropractic, etc.)

Current physical address:

Telephone number: _____ Cell number: _____

At this time I anticipate that my matriculation into medical school will occur in this academic year: _____

My signature below indicates that I authorize the custodians of my Messiah College educational records and/or the custodians of my graduate school educational records to release information (including, but not limited to, class schedule, transcript, academic records and disciplinary records) to the Coordinator of Pre-Health Professions Advising and to members of the Pre-Health Professions Advising Committee as necessary in their sole judgment for the purpose of writing a committee letter of recommendation on my behalf.

SIGNATURE _____ DATE _____

WITNESSED BY _____ DATE _____

The statement below indicates your preference regarding the final committee letter. Please check the appropriate line and sign.

_____ I waive my right to see the committee letter prepared by the Pre-Health Professions Advising Committee.

_____ I do not waive my right to see the committee letter prepared by the Pre-Health Professions Advising Committee.

SIGNATURE _____ DATE _____