

Authorization to Send Committee Letter of Recommendation (Form 2)

Note: This form must be **MAILED** into the Grinnell College Science Division Office (complete with signature) before the Health Professions Advisory Committee will send your letter of recommendation to any schools. MAIL the completed form to (faxed requests must be followed by the original copy):

Doug Peterson
Science Division Office -- #1232
Grinnell College
Grinnell, IA 50112

Contact Doug Peterson at (641) 269-3172 or by email at petersod@grinnell.edu or by fax (641) 269-4285 if you have any questions.

I, the undersigned, have made application for admission for the medical schools or other health professions graduate schools listed below. For purposes relating to those applications, I request that the Health Professions Advisory Committee of Grinnell College send my committee letter of recommendation to the institutions at the addresses indicated.

I authorize the HPAC to release information and provide an evaluation about any and all information from my education records at Grinnell College, including information pertaining to my education at other institutions I have previously attended which is a part of my education records at Grinnell College. The HPAC is authorized to solicit opinions from each of the instructors of record for courses on my transcript as well as the individuals at Grinnell College indicated below. I further authorize the HPAC to seek confidential information from the Vice President for Student Services concerning any conduct or academic honesty offenses at Grinnell College, the severity of the offense, and any penalties imposed.

I understand further that: (1) I have the right not to consent to the release of my education records at Grinnell College; (2) except as may be provided by my waiver indicated below, I have a right to receive a copy of any written reference upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, and delivered to the HPAC, but that any such revocation shall not affect disclosures made prior to HPAC's receipt of my written revocation. [By **initialing** on the line below I am waiving my right to review any recommendation issued pursuant to this request.]

_____ I hereby waive all rights of access which I may have, now or at any time in the future, to any reference provided in response to this request.

_____ Date

Student Signature

Student Name (please print)

AMCAS ID No.

Social Security No.

