

**PERSONAL INFORMATION**

(Last name)

(First name)

(Middle initial)

(Permanent address)

(B Number)

(E-mail address)

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(Cell phone)

(Home phone)

**RELEASE OF RECORDS**

Under the provisions of the Family Educational Rights and Privacy Act, I authorize the Pre-Health Professions Advisor to consult with various campus sources and to have access to information related to campus disciplinary sanctions in order to prepare credentials on my behalf. I also authorize the Pre-Health Professions Office to send out my credentials (check one):

Only at my request.

At the discretion of the Pre-Health Professions Advisor, as needed to complete my application to professional school.

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(Signature)

(Date)