

Release of Prehealth Committee Packet

- This form is to be used by an applicant furnishing his/her consent to the Office of Prehealth Advising and the University at Buffalo's Prehealth Committee to release the Preprofessional Health Committee Letter Packet, which is inclusive of the Preprofessional Health Committee letter and all supporting letters of reference. This release is required under the Family Education Rights and Privacy Act or 1974, P.L. 93-380.
- If an applicant is applying to offshore MD or post-bac programs, please consult a Prehealth Advisor before completing this form.
- The Preprofessional Health Committee Letter Packet will be kept in the Office of Prehealth Advising for **five (5) years**. The Preprofessional Health Committee file may ONLY be forwarded to professional health schools in support of professional health school applications.
- Once completed, forms can be returned by mail, fax, or scanned and emailed to carllam@buffalo.edu

Personal Information

Applicant Name: _____ UB Person #: _____

Applicant's Current Email: _____ Applicant's Phone Number: _____

Application Information

MD (Both ID Numbers Required): AAMC ID #: _____ AMCAS Letter ID #: _____

DO (ID Number Required): AACOMAS ID #: _____

DDS (ID Number Required): AADSAS ID #: _____

TMDSAS (ID Number Required): TMDSAS ID # _____ Army/Navy Programs

Podiatry Chiropractic Optometry EOPIM Early Assurance Programs

Offshore Schools (Provide Emails): _____

Post-Bacc Programs (Provide Emails): _____

Consent to Release Records: By signing or typing my name below, I hereby authorize the release of my Preprofessional Health Committee Letter Packet to the above listed programs and/or application services specified for consideration for admission.

Signature

Date

Office Use Only – Date Uploaded: _____ **Staff Initials:** _____

Exploratory and Pre-Professional Advising Center
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