

INFORMATION RELEASE FORM

Full Name (Printed): _____

Social Security Number: _____

I hereby authorize the release of the following documents in support of my postgraduate applications and the writing of my Dean's Letter.

1. UCLA School of Medicine transcript
2. Undergraduate transcripts
3. Clinical evaluations for review by assistant dean in writing my Dean's Letter
4. USMLE scores
5. MCAT scores
6. Letters of Recommendation
7. Faculty members writing Department Chair letters (as required by some specialties) and letters of recommendation may request access to your clerkship evaluation files. Your signature below grants permission for faculty to review your evaluations, unless indicated with an X.

Signature: _____ Date: _____

NOTE: The return of a completed form by the student is mandatory. It is required by law and University policy. Absolutely no documents will be released from the Student Affairs Office without it, and your Dean's Letter packet cannot be completed.