

INFORMATION RELEASE SHEET

MIDWESTERN STATE UNIVERSITY

Wichita Falls, TX 76308

(940) 397-4251

I hereby authorize Midwestern State University to release the Health Professions Advisory Committee Composite Recommendation to the following medical, dental, or veterinary medical schools.

TO:

Signature: _____ Date: _____

Student ID: _____ Date of Birth: _____

Dates of Attendance: _____

NOTE: In compliance whti P.L. 93-380 Education Amendments of 1974, your record is being released, as requested above, on the condition that the party receiving your record will not permit any other party to have access to such information without your written consent.