



HAMLIN
UNIVERSITY

MEDICAL SCHOOL APPLICATION CREDENTIAL FILE REGISTRATION AND WAIVER FORM

DEPARTMENT OF
INTERNATIONAL STUDIES

Name _____

Ä # _____

Campus Mailbox (if applicable) _____

Street Address _____

City, State, Zip _____

Phone _____

Home/ Cell/ Other (circle one)

Email Address _____

FILE STATUS

Closed File Status:

I waive all rights to personally inspect my references. I understand that a record is kept of every person who views and receives my file. My file will be handled in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA).

Signature _____

Open File Status:

I retain the right to personally inspect my references (I select an open file status, even though most medical schools prefer a closed file).

Signature _____

3/02/3/00 T

Review & sign

I have read and understand the Credential file instructions and deadlines. It is my responsibility to submit a complete credential file, including all references, if it is to be deposited in the file.

Signature _____

FOR OFFICE USE ONLY

Pad _____

Initial _____

Date _____