



Student Authorization for Release of Educational Information

Notwithstanding any requests to restrict Directory Information that I have submitted to the OHSU Registrar's office, I _____, authorize the OHSU School of Medicine to release the specific items listed below:

School of Medicine Graduate Program application, AMCAS Summary Application and OHSU Secondary Application

School Transcripts

GRE Test Scores and/or MCAT scores

TOEFL scores

To the following:

Office of Graduate Studies

Grad Studies Coordinator

MacKenzie Hall, Room 4155, L102GS

503-494-6222

I understand I may revoke this authorization at anytime with a written request from me, including signature, delivered to the Office of Graduate Studies. Revocation of this authorization will not apply to information released or published prior to the receipt of the written revocation request by the Office of Graduate Studies.

Student Signature

Date

Submit this form to:

**Office of Graduate Studies
MacKenzie Hall, Room 4155
Mail Code L102GS**