I, ________________________________, authorize the Division of Graduate Medical Sciences at Boston University to release and mail the following documents from my file, in the program/department:

____________________________________________________________________

GRE scores ☑  MCAT scores ☑  TOEFL scores ☑  AMCAS app ☑

Undergraduate Transcripts ☑  Graduate Transcripts ☑

________________     _________________       ________________   _______________

________________     _________________       ________________   _______________

Recommendation Letters ☑

________________     _________________       ________________   _______________

________________     _________________       ________________   _______________

to the following school ______________________________

(Name of Institution)

________________     _________________       ________________   _______________

(Student’s signature)  (BU ID)

________________     _________________       ________________   _______________

(Tel.#)  (Email)

(Date of Request)

____________________________________________________________________

OFFICE USE ONLY  MAILED INTERDEPARTMENTAL: __________________________

Updated 1/28/13 NH