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**For the Class to Matriculate Fall 2025**

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| **PLEASE RETURN THIS FORM BY** **MAY 1, 2024** **TO: Lafayette College, Health Professions Advising Office, Attn: Ms Glaus, 105 Scott Hall, 714 Sullivan Road, Easton, PA 18042. You may also email it as a PDF attachment to** **healthprofessions@lafayette.edu** **subject line *List of Schools.*** |

I, Click or tap here to enter text. , authorize Lafayette’s Health Professions Advisory Committee to consult my educational record at Lafayette College and my HPAC file materials for the purpose of completing a Composite Letter of Evaluation (CLoE) on my behalf for admission to the health professions schools specified below. I understand this may reveal information from my record as you deem appropriate and necessary for the above-stated purpose, including data (1) pertaining to my education at other institutions previously attended which is a part of my education record at Lafayette, (2) contained in confidential Letters of Recommendation I solicited for the above-stated purpose, and (3) reflected in the entire HPAC on-campus review and interview process. I have included my application service IDs as well as my MCAT/DAT/OAT/GRE scores (if known) and test dates. **Disclaimer:** I understand that I will be assessed a **one-time processing fee of $50.00** for all schools I designate, and I agree to pay it**.**

**Information may be released to the following schools:**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all Application Identification Numbers if known (AAMC & AMCAS Letter/ AACOMAS/VMCAS/AADSAS/ OptomCAS):

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| --- | --- |
| APPLICATION SERVICE | ID NUMBER |
|  |  |
|  |  |

List all admissions tests scores (if known) and date completed/to be taken:

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| --- | --- | --- |
| TEST | SCORE (include components) | DATE |
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