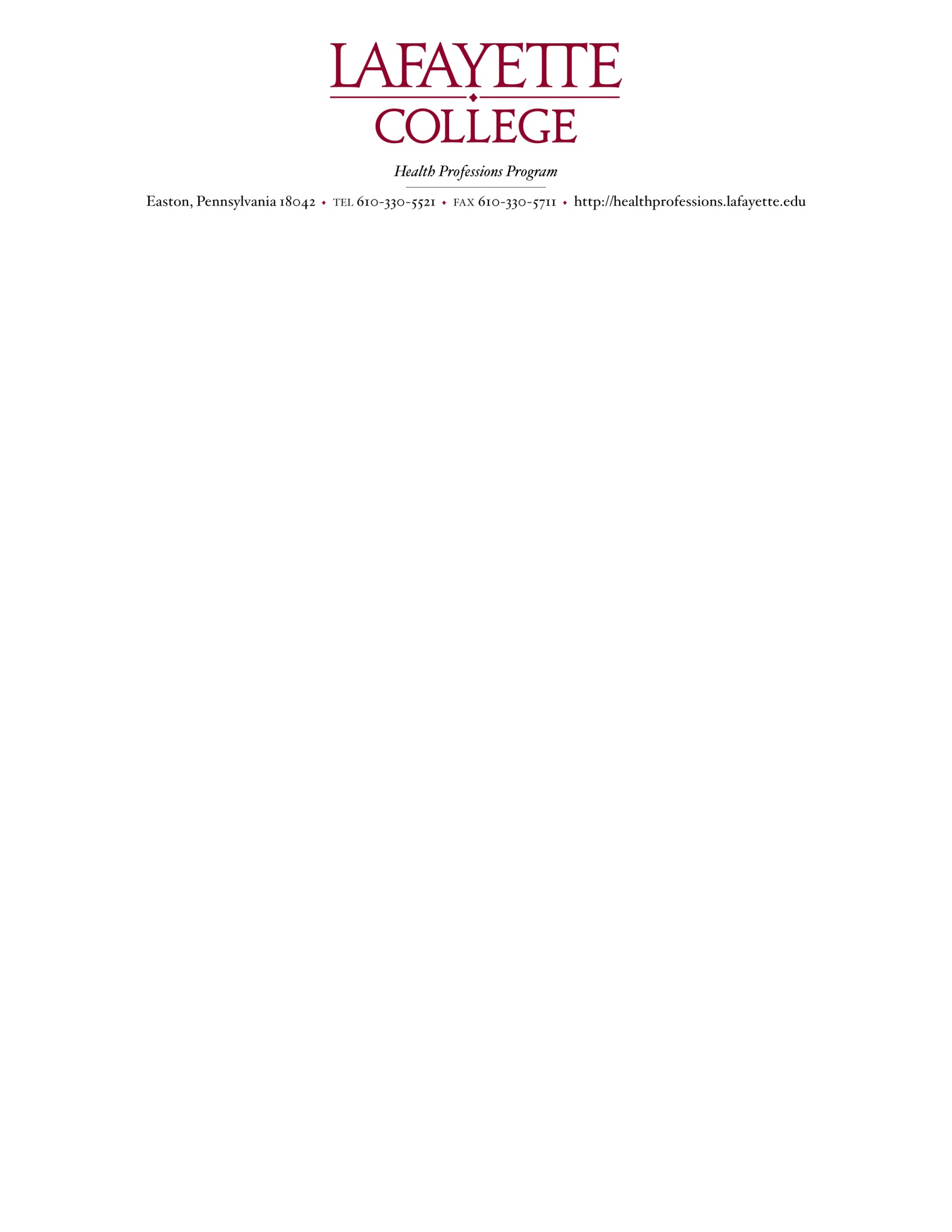
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**For the Class to Matriculate Fall 2026**

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| **PLEASE RETURN THIS FORM BY** **MAY 15, 2025** **TO: Lafayette College, Health Professions Advising Office,**  **Attn: Ms Glaus, 101 Scott Hall, 714 Sullivan Road, Easton, PA 18042.**  **You may also email it as a PDF attachment to** [**healthprofessions@lafayette.edu**](mailto:healthprofessions@lafayette.edu) **subject line *List of Schools.*** |

I, , 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 |  |  | 9 |  |
| 2 |  |  | 10 |  |
| 3 |  |  | 11 |  |
| 4 |  |  | 12 |  |
| 5 |  |  | 13 |  |
| 6 |  |  | 14 |  |
| 7 |  |  | 15 |  |
| 8 |  |  |  |  |

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

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

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

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