

Health Professions Program

Easton, Pennsylvania 18042 • TEL 610-330-5521 • FAX 610-330-5711 • http://healthprofessions.lafayette.edu

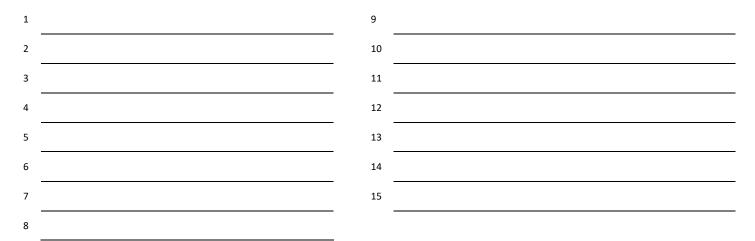
For the Class to Matriculate Fall 2026

PLEASE RETURN THIS FORM BY MAY 21, 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 <u>healthprofessions@lafayette.edu</u> 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.

Signature:	Date:	

Information may be released to the following schools:



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