

September 18, 2025

LAFAYETTE COLLEGE

Health Professions Program

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

For the Class to Matriculate Fall 2027

PLEASE RETURN THIS FORM BY **MAY 26, 2026 TO: Lafayette College, Health Professions Advising Office, Attn: Ms. Herschlag, 101 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 _____ 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. ***Please do not append more schools to your original list. Please submit this form separately for each set of schools you designate.***

Signature: _____ Date: _____

Information may be released to the following schools:

1	_____	9	_____
2	_____	10	_____
3	_____	11	_____
4	_____	12	_____
5	_____	13	_____
6	_____	14	_____
7	_____	15	_____
8	_____	16	_____

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