

LAFAYETTE COLLEGE

Health Professions Program

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

Applicant Authorization to Release CLoE Fall 2027 Matriculation Class

IMPORTANT: In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), application submission materials that are sent from non-Lafayette email addresses require additional authentication. Please include a scanned image of the front of your government-issued photo ID (such as a driver's license or passport) with your email. This form must be submitted via email to Ms. Herschlag at healthprofessions@lafayette.edu by May 26, 2026 in order for us to include you in the HPAC application process.

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 such as GPA, quintile and ranking 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: _____
(either hand-written signature or authorized electronic signature)

Information may be released to the following schools:

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