

HEALTH PROFESSIONS ADVISORY COMMITTEE
SKIDMORE COLLEGE, SARATOGA SPRINGS NY 12866
REFERENCE LETTER COVER SHEET

TO BE FILLED OUT BY APPLICANT

NAME _____ CLASS _____

ADDRESS _____

PHONE NUMBER _____

APPLYING TO: MEDICAL SCHOOL _____ OTHER: _____

NOTE TO THE CANDIDATE: In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, I,

PLEASE PRINT YOUR FULL NAME

___ DO (Confidential reference) _____ DO NOT (Open reference)

Hereby waive my right of access to this letter of reference that I have solicited and which has been submitted to the Health Professions Advisory Committee at Skidmore College. This letter will be deemed as open unless designated at confidential.

SIGNATURE

DATE

TO BE FILLED OUT BY AUTHOR

NOTE TO REFERENCE WRITER: This is one of several letters which the candidate has requested for inclusion in a credentials file to be held by the Health Professions Advisory Committee. Please type your reference letter on official stationery and attach this form so that the reader will know whether or not it is confidential. Please mail to:

Health Professions Advisory Committee
Care of: Eleanor Hutchins, Department of Geosciences
Skidmore College
Saratoga Springs, NY 12866

PLEASE PRINT NAME

POSITION

AFFILIATION

PHONE NUMBER

ADDRESS: _____

SIGNATURE _____ DATE _____