

**HEALTH PROFESSIONS ADVISORY COMMITTEE
SKIDMORE COLLEGE**

**PERMISSION TO SET UP A FILE FOR HPAC COMMITTEE
LETTER OF RECOMMENDATION TO MEDICAL SCHOOLS, AND WAIVER FORM**

**I am planning to apply for admission to a medical or other health professional school.
Please set up a file in my name.**

_____ I hereby waive my right to examine any letters of recommendation or documents
the Health Professions Advisory Committee receives or writes.

SIGNED _____

_____ I do not waive my right to examine any letters of recommendation or documents
the Health Professions Advisory Committee receives or writes.

SIGNED _____

NAME: _____
(Please Print)

SIGNATURE _____

Date: _____

RETURN TO: Eleanor Hutchins
Dana 172 – Department of Geosciences
Skidmore College
Saratoga Springs, NY 12866