

**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:      Health Professions Advisory Committee  
                     Tracy Broderson- Dana 313  
                     Skidmore College  
                     Saratoga Springs, NY 12866