



Office of Pre-Professional Advising and Fellowships
Nexus Building, Room 145
One South Avenue
Garden City, NY 11530

**CONSENT FOR RELEASE OF INFORMATION
PRE-HEALTH PROFESSION STUDENTS**

Date: _____

Student: _____

Nature of information to be disclosed:

All information pertaining to my disciplinary record at Adelphi University.

Purpose or need for the disclosure:

In connection with my application for admission to professional schools in the health professions.

From (Person or organization disclosing information):

The Office of the Dean of Student Affairs of Adelphi University, and subsequent redisclosure by the Office of Pre-Professional Advising and Fellowships and/or the Pre-Health Council of Adelphi University.

To (Person or organization to whom or which disclosure is to be made):

The Office of Pre-Professional Advising and Fellowships and the Pre-Health Council of Adelphi University, and subsequently to any professional schools to which I apply.

I hereby consent to the release of information:

Signature of Student
(In place of your signature please type your full legal name)

Date

Adelphi University ID