

AUTHORIZATION TO RELEASE INFORMATION

The Ohio State University

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that university personnel may provide information from your education records as indicated below.

Name of Student: _____ DOB: _____

I, the undersigned, authorize The Ohio State University to release the following educational records and/or any information contained therein (please identify specific records, types of records, or indicate "all records"):

regarding my medical school performance including but not limited to residency application, letters of recommendation, Medical Student Performance Evaluation (MSPE), OSU Transcript(s), and photo. I understand that the Medical Student Performance Evaluation (MSPE) gives a detailed explanation of my academic history, overall academic progress, and clinical and elective rotations (including grades and narratives) for my first three years of medical school and part of the fourth.

Your name and match results will be also included in the College's annual match summary report published on the College's website.

To (Name and Address of Person/Agency to Receive Information):

Residency programs to which I am applying through the following application service
AAMC/Electronic Residency Application Service
655 K Street NW, Suite 100
Washington, DC, 20001-2399

as well as other application services including but not limited to the American Urology Association, military (MODS), and San Francisco Central Application Service (CAS) or through direct contact with programs at my request.

For the purpose of:

application for residency and graduate medical education programs.

I understand and acknowledge that: (1) I have the right not to consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to The Ohio State University, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

Student's Signature

Date

PLEASE RETURN COMPLETED FORM TO: Stacy Drake, B043 Graves Hall
333 W. 10th Avenue, Columbus, Ohio 43210
or stacy.drake@osumc.edu
or fax 614-688-5455