I, (Full Name as it appears on application) ________________________________, authorize PPHS to use the information that I have provided below to release my Letters of Recommendation and Committee Letter to the application service indicated below.

**Requirements for processing letters of recommendation: PLEASE READ VERY CAREFULLY!**

1. Only students who have been interviewed by a member of the Pre-Health Evaluation Committee will have a committee letter sent on their behalf to AMCAS, AACOMAS, AADSAS, or AACPMAS

2. AFTER YOU HAVE APPLIED, you must submit this release (in person or to pphsdocuments@temple.edu). A separate release must be submitted to PPHS for EACH application service to which you are applying.

3. A $25.00 Processing Fee for AMCAS & AACOMAS applications is required. Letters are sent through VirtualEval and require a processing fee. (Make check payable to Temple University). There is one fee if applying for both services (MD/DO). AADSAS and AACPMAS do not require a processing fee (documentation required)

4. For AMCAS only: Indicate “Yes” in Section 2 “Advisor Release” to release application information to PPHS.

5. Please add Kimberly Buck-Speck, healthadvising@temple.edu as the Contact / email on the application service.
   1. On AMCAS, select Committee Letter (if you went through committee process)
   2. If you did not complete a committee interview, indicate Letter Packet on AMCAS
   3. On AACOMAS, designate August 31 as Letter deadline date

6. **IF applying to AMCAS**, attach “AMCAS Letter ID Form” found in the letter of reference section of the application.

7. A Committee Update Form is **required** in order to process your Committee Letter (available on Blackboard).

8. This form cannot be used to apply to Post Bac Programs. If you are applying to Post Bac, please complete a Post Bac Release Request (available on Blackboard)

9. Your Committee Letter and Letters of Recommendation will be sent to the respective application service AFTER you have applied.

**I have read and understand the above requirements for processing letters of recommendation**

**X Signature** ___________________________ **Date** ________________

**Applicant Information**

Circle one: AMCAS, AACOMAS Application ID# __________________________ Date of Application Submission______

AADSAS, AACPMAS

Name of Committee Interviewer__________________________ Committee Interview Date ________________

Names Recommendation Letter Writers whose letters are to be included in Committee Letter to Application Service Service (DO NOT include Committee Interviewer in list):

1)_______________________________ 2)_______________________________

3)_______________________________ 4)_______________________________

5)_______________________________ 6)_______________________________

**Submission Clause**

I, (Please Print) ___________________________________________, TU ID# ________________, waive my right to view the Committee Evaluation and additional Letters of Recommendation being sent out on my behalf.

**X Signature** ___________________________ **Date** ________________

**Phone# ___________________________ Email (preferred) ___________________________

PPHS

August 2017