



RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH

Form A

As a current student in the IU School of Medicine, I give permission to the IU School of Medicine to send the following items to the Fairbanks School of Public Health:

- (1) Copies of my undergraduate and graduate transcripts
- (2) MCAT scores
- (3) Three letters of recommendation from my application to medical school.

Student's Printed Name

Signature

Date

Submit this form electronically to Shawne Mathis at snmathis@iu.edu or mail it to:

Shawne Mathis
Office of Student Services
IU Richard M. Fairbanks School of Public Health
Health Sciences Building (RG)
1050 Wishard Blvd. RG 6006
Indianapolis IN 46202-2872