



School of Science and Technology
Health Professions Advisory Program
Committee Letter Request/Waiver Form

Name of Student: _____

I request that the HPAC submit a letter of recommendation on my behalf to the indicated health professions program(s). Additionally, I authorize the release of information about my Sonoma State University student records including my grades, GPA, class rank and other information concerning my performance as a student:

Specific Health-Professional field: (check one or more)

- Allopathic Medicine Dentistry Optometry Podiatry Pharmacy
 Osteopathic Medicine Veterinary Chiropractic Physician Assistant
 Other (specify) _____

This request is for the following programs or application services (Include addresses if the letter is to be mailed):

I waive my right to review a copy of this letter at any time in the future

I do not waive my right to review a copy of this letter any time in the future

Signature of student: _____

Date signed: _____