



SCHOOL OF OSTEOPATHIC MEDICINE

University of Medicine & Dentistry of New Jersey

Medical Student Performance Evaluation (Dean's Letter) Authorization and Release

I hereby request that UMDNJ-School of Osteopathic Medicine ("School") prepare a Medical Student Performance Evaluation ("Dean's Letter") on my behalf to be submitted as part of my application process for securing a position in a postgraduate training program. I authorize the School to include any of my education records in the disclosures made in the Dean's Letter.

I acknowledge that I have two options: the first option allows me to review my Dean's Letter at any time; the second option allows me to waive my right to review the Dean's Letter and/or any revisions or addenda to the Dean's Letter.

I authorize that the Dean's Letter be submitted to the postgraduate training programs to which I apply either through the Electronic Residency Application Service (ERAS) or other application services or directly to the postgraduate training programs. I further authorize the transmittal at any time, to those persons I have now, or may in the future authorize to receive my Dean's Letter, any revisions or addenda to the Dean's Letter, as may be requested by me and agreed to by the School, or required by the School. I authorize the medical school to include in any revised or amended Dean's Letter, information that may be added to my education records after the date of this authorization and throughout my attendance at the School.

Final decisions regarding the content of the Dean's Letter reside with the official who will sign the letter.

I acknowledge that if I choose to review my Dean's Letter, I will be given an opportunity to review any revised or amended Dean's Letter prior to its transmittal to any parties I have previously authorized to receive the Dean's Letter.

Print Name: _____

Signature: _____

Date: _____

I hereby waive my right to review the Dean's Letter, so that parties receiving the letter may be advised that the Dean's Letter is prepared in confidence, without my knowledge of its contents.

Signature: _____

Date: _____