

State University of New York
College at Oswego
Oswego, NY 13126

TO:

FROM: Health Professions Advisory Committee

You have requested a Committee Recommendation from the Health Professions Advisory Committee. HPAC will send recommendation letters to all medical schools as requested by applicant. In accordance with the Family Education and Privacy Act of 1974, please check one statement and sign and return this to 222 Campus Center, SUNY Oswego, Oswego, NY 13126 within one week of receipt.

Thank you.

_____ **CONFIDENTIAL:** I waive my right to read and review the letter of recommendation from the Health Professions Advisory Committee

Name – PRINT: _____

Signature: _____

Date: _____

_____ **NON-CONFIDENTIAL:** I retain my right to read and review the letter of recommendation from the Health Professions Advisory Committee

Name – PRINT: _____

Signature: _____

Date: _____