



Family Educational Rights and Privacy Act (FERPA) requires the University to collect the student's written consent to release non-directory information (e.g. grades, test scores, GPA, academic performance, etc.) from a student's education record. *(A student may elect to revoke access granted to the recipient at any time).*

This form must be completed and signed prior to releasing student record information.

REQUESTED BY (STUDENT): please print your name

Name: _____
Last First Middle

Student ID #: _____ Class of: _____ College: _____

AUTHORIZATION INFORMATION (please complete)

Release To (Recipient): The Association of American Medical Colleges (AAMC)
655 K Street, NW, Suite 100
Washington, DC 20001

Select the Education record(s) information to be released:

- MSPE Letter containing Evaluation Summaries/Grades/Academic Performance
- Academic Transcript containing Student ID Number/Grades

Purpose of Release: To apply for residency/fellowship and elective rotations training programs through the Electronic Residency Application Service (ERAS) and the Visiting Student Application Service (VSAS).

I give permission for California Northstate University College of Medicine to release the selected information indicated above to the Association of American Medical Colleges (AAMC).

Student's Signature

Date

REGISTRAR'S OFFICE USE ONLY—(a copy must be kept in the Student's Record)

Date Received: _____ Date Processed: _____ Processed by: _____