



Reference Release

THE ADMISSIONS COUNCIL

THIS SECTION FOR
OFFICE USE ONLY

CLERICAL

Date Received:

Date Entered:

NOTES

Letter Content

Title Strength

Content Strength

Evaluated By:

title

Processed By:

title

Applicant Information

First Name: _____	M.I.: _____	Last Name: _____
Address: _____		Apt #: _____
E-Mail: _____		
Home Phone: _____	Cell Phone: _____	
School Name: _____	Today's Date: _____	

Letter of Reference

Program you are applying for	
<input type="checkbox"/> MD/DO <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> DDS <input type="checkbox"/> PharmD <input type="checkbox"/> Masters <input type="checkbox"/> Other: _____	
Please list the author of letter(s) to be evaluated: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Have letters sent to the following address: <p style="text-align: center;">The Admissions Council P.O. BOX 3597 Washington, DC 20027</p> *Send check, money order or printed PayPal receipt to the above address with this signed order form.
NOTE: Letters require at least 5 days advanced notice to complete. The fee for EACH letter you wish to have evaluated is \$20. If submitting a Committee letter which contains multiple letters, EACH letter will be billed at \$20. Next day rush service is available for an additional \$15. per letter. Please submit this request form and all fees as soon as possible to avoid delays with your review.	

Agreement

I understand that I continue to waive my rights to access my letters of recommendation and by doing so the confidentiality of my letters will remain intact. I understand that I am releasing my confidential letters of recommendation to The Admissions Council and their partners for the sole purpose of evaluation. I understand that a member of The Admissions Council will not start their evaluation of my letter(s) until all necessary paperwork and payment in full has been received. Most importantly, I understand that by requesting this service, I am in no way guaranteed successful admission into medical school or my desired program.	
I have read and agree to the above information: _____	
(Signature)	(Date)