

UNT Health Professions Advisory Committee (HPAC) Authorization to Release Student Information (ARSI) Form

Office of Health Professions | College of Science
University of North Texas
940-369-7500

Applicant's Full Name (include middle initial): _____

Applicant's 8-Digit UNT Student ID Number: _____

Applying for: Dental Medical Optometry Podiatry

Year of Application Cycle: 2024 for Entry Year 2025

Authorization to Release Student Information

I give the University of North Texas Office of Health Professions permission to release my HPAC Committee Letter of Recommendation Packet to the following application service providers (cross-through those that you will not use):

- ✓ *TMDAS (Texas Medical and Dental School Application Service)*
- ✓ *AMCAS (American Medical College Application Service)*
- ✓ *AACOMAS (American Association of Colleges of Osteopathic Medicine Application Service)*
- ✓ *AADSAS (Association of American Dental Schools Application Service)*
- ✓ *OptomCAS (Optometry Centralized Application Service)*
- ✓ *AACPMAS (American Association of Colleges of Podiatric Medicine Applicant Service)*
- ✓ *Any service related to the Liaison Centralized Application Service system*
- ✓ *The following programs or application services:*

I also understand these letters may contain detailed information from my educational record, as well as other personal, professional, and academic information in or outside the HPAC questionnaire and one-on-one interviews. In accordance with the Family Educational Rights and Privacy Act (FERPA), I authorize the release of such sensitive information to any professional school to which I am applying.

By signing below, I acknowledge and consent to the statements above.

Signature: _____

Date: _____