

FERPA AUTHORIZATION TO RELEASE INFORMATION

By my signature on this form, I authorize faculty and staff listed below to access my educational record at Vanderbilt University and release to any and all parties such information as is considered appropriate for the purpose(s) stated below, including information pertaining to my education at other institutions I have previously attended as contained in my record.

___ All VUSM Faculty

OR

The person(s) listed below:

The person(s) named above will use this information to (check all that apply):

___ Write a letter of recommendation

___ Complete an evaluation form

___ Other (please specify) _____

For the following purpose (check all that apply):

___ VSAS application

___ Residency Application

___ Other (please specify) _____

Name (print) _____

Signature _____

Date _____

[Any questions regarding this form please contact medregistrar@vanderbilt.edu](mailto:medregistrar@vanderbilt.edu)