

# ENTERING 2010

**REVISED**

9:00 am, Feb 10, 2009

## SIGNATURE PAGE

You **must** fill out, sign, and return a printout of this page either in person or through the mail.

Your Stony Brook ID# here: **required**

### **I WILL BE APPLYING TO THE FOLLOWING PROFESSIONAL PROGRAM(S):**

*(Make sure to check off all programs that apply, and consult with your prehealth advisor regarding your choices.)*

Allopathic Medicine (M.D.)	Dental Medicine (D.D.S., D.M.D.)
M.D./PhD. Combined Program	Optometry (O.D.)
Osteopathic Medicine (D.O.)	Podiatry (D.P.M.)
Veterinary Medicine (D.V.M.)	Foreign Medical School
Postbaccalaureate Enrichment Program	

### APPLICATION FILE WAIVER

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L.93-380 (as amended), with specific reference to Section 438(a)(1)(B) and Subtitle A, sections 99.7, 99/11, and 99.12.



I  **DO**  **DO NOT** waive my right of access to a review of my application file and related materials.  
*(Please check the box near DO or DO NOT above to indicate your choice.)*

(Note: If you circle **DO**, the file is confidential. If you circle **DO NOT**, the file is not confidential.)

Signature of Student (on print out): \_\_\_\_\_ 

Your first name:

Your last name:

Date: