Request for a Cover Letter from the HPAC

Instructions: Fill out this form, s	sign, and return by <i>May 1st</i> to:	
Dr. Karen Kirk, Chair Health Professions Advis Department of Biology – 555 North Sheridan Road Lake Forest, IL 60045	- P5	
request that the Health Profession	, have applied for admission to medical school and the schools. For purposes relating to those applications Advisory Committee of Lake Forest College send and to the institutions I will provide. This is in according	ons, I my
(Init.) the use of this and any and all inf	e Committee access to grades, GPA, and class rank, a Cormation provided by the undersigned, the recommendation.	
Evaluator's name and address:	Health Professions Advisory Committee	
	Lake Forest College	
	555 North Sheridan Road	
	Lake Forest, IL 60045	
Please list 3 to 5 evaluators, depe	ending on the program you are applying to:	
Evaluator's name, title, institution or	place of work, email:	
Evaluator's name, title, institution or	place of work, email:	

Evaluator's name, title, institution	or place of work, email:
Evaluator's name, title, institution	n or place of work, email:
Evaluator's name, title, institution	n or place of work, email:
Applicant Summer Address:	
City, State, Zip:	
Post Graduation Email:	
Cell Phone:	
Applicant is applying to: Medical School Dental School Veterinary Scho Other (specify)	ool
I hereby waive all right any letter of reference provide	hts of access, which I may have now or at any time in the future to d in response to this request.
I do not waive any of confidential.	these rights and therefore this letter should not be viewed as
Applicant's Signature	Date Date

Your electronic signature (typed name and electronic submission from your email account) indicates consent for release of this information to appropriate campus personnel, such as the Health Professions Advisory Committee (HPAC). If you have any concerns with how your recommendation will be used, please contact the chair of the Health Professions Advisory Committee.