



**HAMLIN**  
UNIVERSITY

**MEDICAL SCHOOL APPLICATION  
CREDENTIAL FILE REGISTRATION AND WAIVER FORM**

**PERSONAL INFORMATION** *Please print*

Full Name \_\_\_\_\_

ID# \_\_\_\_\_

Campus Mailbox (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ **Home / Cell / Other** (circle one)

Email Address \_\_\_\_\_

**FILE STATUS** *Select one & sign*

**Closed File Status:**

I waive all rights to personally inspect my references. I understand that a record is kept of every person who reviews and receives my file. The file will be handled in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA).

Signature \_\_\_\_\_

**Open File Status:**

I retain the right to personally inspect my references. I select an open file status, even though most medical schools prefer a closed file.

Signature \_\_\_\_\_

**AGREEMENT** *Review & sign*

I have read and understand the Credential File instructions and deadlines. It is my responsibility to submit a complete credential file, including all reference evaluations, by June 15<sup>th</sup>, 2018. I will pay any Federal Express charges required if materials are late. With this signed Waiver & Consent Form and the initial fee of \$10.00, my file is established and will be active for one year. I must make any further requests regarding this file in writing and submit to the Credential File Administrator.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*FOR OFFICE USE ONLY** **THIS FILE REMAINS ACTIVE UNTIL MAY 30, 2019**

Paid \_\_\_\_\_

Initials \_\_\_\_\_

Date \_\_\_\_\_

*Submit white copy to:* Benjamin Forman, MS-B1807  
1536 Hewitt Avenue  
Saint Paul, MN 55104  
[bforman02@hamline.edu](mailto:bforman02@hamline.edu)

*Retain yellow copy for your records.*