



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 15th, 2021. 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, 2022

Paid _____

Initials _____

Date _____

Submit white copy to: Elizabeth Brauer, MS-B1807
1536 Hewitt Avenue
Saint Paul, MN 55104

Retain yellow copy for your records.