



Podiatry

RELEASE FORM

**For Health Professions Office & Letters Of Evaluation
 To Podiatry Schools**

2017-2018

_____	_____	_____	_____
Last Name	First Name	RU ID#	Podiatric ID#
_____	_____	_____	_____
Email	Phone Number	Class Year	

Attention Reapplicants **who were interviewed by the HPO in a past application cycle:**
 If you submit **an addendum to your autobiography with a new letter**, your committee statement will be reviewed for an update.
 Go to the HPO website (hpo.rutgers.edu) for the new Update to Committee Statement Request Form.

HPO Procedures Pertaining to the Compilation and Release of Letters of Recommendation:

- We do not customize packets per school.
- While students may request particular letters, the letters which comprise each mailing are ultimately selected by the faculty/staff of the HPO.
- Without exception, letters are mailed by the HPO Staff; **letters are never given to students.**
- All student recommendation letters must be received before an interview or mailing. Students are expected to submit a complete list of all the schools to which they are applying. All releases are handled on a first-come/first-serve basis.
- Normally, there is about a week’s lag between the receipt of a student’s release and the actual release of student materials; however, at our busiest times (June through October) there may be a longer wait.
- Faxing is not a confidential means of transmission, and some schools will not accept a fax.
- It is the student’s responsibility to submit release forms to this office in sufficient time to meet deadlines.

Letters of recommendation are never used for employment.

HPO Processing Fees offset the submittal cost and support the activities of the HPO:

- There is a \$5.00 **non-refundable** per school fee for every school or program using US Mail or email. Note: For email delivery, we require a verifiable address at an educational or research institution. All such requests require a minimum of 3 business days to process and send.
- If your material must be faxed, there is an additional \$5.00 **non-refundable** fee per school or program.

Please list schools with complete addresses on back of this page.



Please list the school name with the complete address (use as many lines as you need)

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Total Fee: _____

Date _____

Signature _____