



Podiatry

RELEASE FORM
For Letters Of Evaluation
To Podiatry Schools

2
0
2
2
-
2
0
2
3

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

HPO procedures and policies for the compilation and release of letter packets:

- We do not customize packets for individual schools.
- While students may request particular letters, the letters which comprise each packet are ultimately selected by the faculty/staff of the HPO and will remain confidential. If a medical school requests specific information when you are completing the secondary application, please email us a screenshot and we will provide you the necessary information.
- Without exception, letters are sent by the HPO Staff. **Letters are never given to students.**
- All recommendation letters should be received and visible in your HPOdrome account before signing the release form.
- Release forms are processed on a first-come/first-served basis.
- Please allow **at least 2-4 weeks** between submitting this form and the actual release of letters. During our busiest times (July through September) there may be a **longer wait**.
- It is the student’s responsibility to submit release forms to this office in sufficient time to meet deadlines.
- Letters of recommendation submitted to the HPO 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 via 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 5-7 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 email and mailing addresses on back of this page.



Please list the school name with the complete email and mailing address:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

(\$5 per program) Total Fee: _____

Date _____

Signature _____