

Health Professions Program: Release to Composite Writer

FINAL DEADLINE TO SUBMIT RELEASE FORM – JULY 1, 2011

PLEASE PRINT LEGIBLY

Name	Class
Phone	Email
AAMC#	MCAT Date
Name of Composite Writer	
Your Relationship to Composite Writer (e.g. Biology Professor, Class Dean, Research Mentor). <i>Your composite writer must be a member of the Dartmouth community and members of the faculty are preferred.</i>	
Composite Writer's HB or Mailing Address	Composite Writer's Email Address
Signature	Date

Please release the following letters to the individual that I have selected to write my composite letter of evaluation. I understand that this form will not be accepted until all letters and supporting documents (resume, transcripts, and autobiographical statement) have been received and noted on my Interfolio account (<http://www.interfolio.com>)

Choose ONE Option and Provide Evaluator's Names

Option A

Non-science Composite Writer

Option B

Science Composite Writer

Science Professor	Interfolio Doc ID#	Science Professor	Interfolio Doc ID#
Science Professor	Interfolio Doc ID#	Other Evaluator	Interfolio Doc ID#
Other Evaluator	Interfolio Doc ID#	Other Evaluator	Interfolio Doc ID#
Other Evaluator	Interfolio Doc ID#	Other Evaluator	Interfolio Doc ID#
Other Evaluator	Interfolio Doc ID#	Other Evaluator	Interfolio Doc ID#

Submit form to: Annette Hamilton, Health Professions Program Coordinator
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 HB 6003
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