

**Board of Health Professions Advisors** Clark Science Center Smith College Northampton, Massachusetts 01063 T (413) 585-4296 F (413) 585-3786

## **BOARD OF HEALTH PROFESSIONS ADVISORS** OFFICIAL REQUEST FORM, WAIVER and RELEASE OF INFORMATION 2026 APPLICATION CYCLE

Instructions: This form contains two pages. Please read each section carefully, and sign each where indicated Submit both pages with your pre-application no later than December 11, 2024 (graduates) or December 18,	
2024 (current students). For the pre-application, you will also be asked to upload your draft statements,	
resume, and unofficial transcripts from all colleges attended, including Smith.	
I plan to submit applications to:medicaldentaloptometrypodiatry schools for entrance in the fall of 2026.  At this time, I request advice regarding the application process and to have the Board of Health Professions Advisors (the 'Board') write a committee letter on my behalf.	
In signing and submitting this form along with my preapplication, I am confirming my understanding of the following:	
• To be eligible for a committee letter, I must follow the timeline outlined by the Board	
(https://www.smith.edu/about-smith/health-professions-advising/committee-letters).	
<ul> <li>My committee letter will not be written until I have met all of the following conditions by the deadlines stated on the Health Professions Advising website <a href="https://www.smith.edu/about-smith/health-professions-advising/committee-letters">https://www.smith.edu/about-smith/health-professions-advising/committee-letters</a>: <ul> <li>(1) all individual letters of recommendation have been uploaded into my Smith College Interfolio account;</li> <li>(2) I have completed and submitted my pre-application and entrance exam scores;</li> <li>(3) I have completed my interview with a Board member, and</li> <li>(3) I have provided a time-stamped PDF copy of the submitted application service form (e.g., AMCAS, AADSAS, TML etc.) that includes my entrance exam score.</li> </ul> </li> </ul>	D <i>AS</i> ,
Members of the Board will have access to my complete file.	
• It is my responsibility to request individual letters of recommendation and to follow up on those requests.	
• I will affiliate my Interfolio account with Smith College PreHealth so that the Board members can view and download my individual letters of recommendation and upload my committee letter (when applicable).	
• I have no right to a committee letter; the Board may, in its sole discretion, decline to issue a committee letter on my behalf based on a performance, conduct and/or failure to meet Preapplication & Committee Letter process deadlines.	ny
I acknowledge that admission to health care professional programs is competitive and that I may not be admitted to the programs to which I have applied. Smith College is not responsible for the admissions decisions. Accordingly, I will not attempt to hold Smith College or any individual affiliated with the Health Professions Advising Program liable if I am not admitted to the program of my choice or to any other program to which I have applied.	
Signature Date	

The Family Educational Rights and Privacy Act of 1974 (FERPA) (P.L. 93-380) provides all applicants with the right to review their education records, including letters of recommendation. In the section below, you will be asked to provide your signature indicating whether you agree to waive this right. Waiving this right keeps confidential all of your letters of reference, including the committee letter, and all appended individual letters of recommendation. In deciding whether to waive your right of access to your letters, please be advised that health professions schools prefer confidential letters of recommendation.

## WAIVER: Sign and date ONE of the following two waiver options:

<ol> <li>"I request a confidential committee letter and waive my r recommendation."</li> </ol>	ights to inspect and review that letter and <u>all</u> of my individual letters of
Signature_	Date
any of my letters of recommendation, including both indi	nt by signing below I am maintaining my right to inspect and review ividual letters and the committee letter. I further understand that health ussed this decision with the Director of the Health Professions Advising
Signature	Date
Smith College students or graduates who are seeking adrany given cycle, if I receive an acceptance and either defe	ram provides committee letters with the goal of supporting mission to medical, dental, optometry or podiatry school. In er or decline that offer with the intention of reapplying to cycle, then I understand that I may no longer be eligible to
Signature	Date
RELEASE OF INFORMATION	
	Professions Advising Program is based, in part, on the education records s of the Class Deans and the Registrar. Such records may include: th College,
3) any recorded disciplinary action, and	
4) any records of co-curricular or extracurricular achieveme	
I acknowledge that the Health Professions Advising Program ha. letter for the 2024-2025 academic year."	s access to my education records relevant to the creation of my committee
Signature	Date