

Today's Date: _____

MEDICAL STUDENTS
Request to Send File

Each student is allowed **one** file to be uploaded. You **cannot** add or delete letters at a later time. You must decide which letters you want in your file and that is **permanent**; you cannot change it. You **may** send this file to more medical schools later.

We must have the following information before we can scan your file and make it available to the medical institutions to which you are applying:

- Your Name _____
- Your e-mail address _____
- Type of school applying to: (circle one) MD DO MD/PhD OPT

ID Number (AAMC ID, TMDSAS ID, ID specific to the medical school, etc.) **Cannot** be your social security number nor your KU ID number.

- ID Number _____
(number) (Identifier, ie. AAMC or TMDSAS etc.)

List letters you want as part of your permanent file to be scanned and made available to medical schools. Only **1 file** will be created per student. All letters listed here will be scanned as 1 file:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of the medical institutions (**complete** names) you want to have access to your file:
