



## SIGNATURE PAGE

You **must** fill out, sign, and return a printout of this page either in person or through the mail.

Your **Stony Brook ID# here:** required

### **I WILL BE APPLYING TO THE FOLLOWING PROFESSIONAL PROGRAM(S):**

*(Make sure to check off all programs that apply, and consult with your prehealth advisor regarding your choices.)*

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| Allopathic Medicine (M.D.)           | Dental Medicine (D.D.S., D.M.D.) |
| M.D./PhD. Combined Program           | Optometry (O.D.)                 |
| Osteopathic Medicine (D.O.)          | Podiatry (D.P.M.)                |
| Veterinary Medicine (D.V.M.)         | Foreign Medical School           |
| Postbaccalaureate Enrichment Program |                                  |

### APPLICATION FILE WAIVER

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L.93-380 (as amended), with specific reference to Section 438(a)(1)(B) and Subtitle A, sections 99.7, 99/11, and 99.12.



I  **DO**  **DO NOT** waive my right of access to a review of my application file and related materials.  
*(Please check the box near DO or DO NOT above to indicate your choice.)*

(Note: If you circle **DO**, the file is confidential. If you circle **DO NOT**, the file is not confidential.)

Signature of Student (on print out): \_\_\_\_\_

Your first name:

Your last name:

Date: