RUTGERS
School of Public Health

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# Dual Degree Record Release

This form should be used to release student records to the School of Public Health. Please type or print legibly. Return to the Campus Office.

**Name:** _____ **Student ID#:** _____
*Last Name* *First Name* *Middle Initial*

**Campus:** ❑ **New Brunswick** ❑ **Newark**

**Dual Degree Program:** _____

I release to the Administration Staff of the Rutgers School of Public Health copies of my standardized test scores (e.g., MCAT, LSAT, etc.), transcripts and letters of recommendation for evaluation purposes on my application to the dual degree program.

_____ _____
Student Signature Date

**RETURN TO CAMPUS OFFICE**

Copies to:
Office of the Registrar
Campus Office
Registrar's Office at Partner School
Student