



Office of Medical Education

RELEASE FORM

I, _____, give my permission for the Admissions Office of the Brody School of Medicine at East Carolina University to release a copy of my **AMCAS application, transcripts, and essay** to the Office of Medical Education. The above information is to be used towards my application for the Summer Program for Future Doctors.

Please return this form, along with the above information, as soon as possible to:

The Office of Medical Education
ECU Brody School of Medicine
2N-72 Brody Building
600 Moyer Blvd.
Greenville, NC 27834-4354
(252) 744-2149
Fax: (252) 744-3015
ome@ecu.edu

Signature _____

Date _____

AMCAS# _____

Date that you applied to medical school _____