
Request to Review Student File Form

Please complete the appropriate request to access your Undergraduate Medical Student File.

I _____ of Class _____ would like to review my
(Full name)
Undergraduate Medical Student File on _____.

I _____ of Class _____ would like to give
permission for _____ to review my Undergraduate
Medical Student File on _____.

Signed: _____ Date: _____

Signature of Representative (where applicable): _____

