Authorization to Provide Information to the Association of American Medical Colleges

I ____________________________ understand that UTMB periodically reports student directory information to the Association of American Medical Colleges (AAMC) for a variety of purposes. I further understand that such information, as well as other than directory information, is routinely and customarily used by the AAMC for the purposes of developing a data base on medical students and medical school graduates, reporting from that data base as deemed appropriate by AAMC officials, tracking the enrollment status and graduation of medical students. To that end, I hereby authorize UTMB officials to provide pertinent demographic and academic data from my education record to the AAMC.

Signature_____________________________

Date______________________________

(This document becomes part of the medical student’s official academic record in the UTMB Enrollment Services office.)

Please mail this form to:
UTMB Office of Enrollment Services
2nd Floor, Ashbel Smith Building
Galveston, TX  77555-1305

03/05/2012