

OSTEOPATHIC MEDICAL SCHOOL SUPPLEMENTAL INFORMATION RELEASE FORM

In order to facilitate the appropriate matching of candidates' letters of reference with their applications, **medical schools recommend that applicants include their AACOMAS identification number with their reference letters.** You may request that The Career Center's Reference Letter Service (RLS) include this information with your letters by completing this form.

I, _____ (full name), authorize the University of Michigan Reference Letter Service to release the following information on my behalf to the medical schools listed on my Reference Letter Request forms. I understand a copy of this form will be sent along with my letters of reference.

AACOMAS ID Number: _____

Other Information, please specify: _____

Signature: _____

Date: _____

