



Administrative Forms

Table of Contents

[Click here for a printable version of this form](#)

RELEASE OF CONFIDENTIAL EVALUATION FILES/GENERAL AND RESIDENCY PROCESS

DATE: _____

I, the undersigned, give permission to

_____ to review my confidential files in the Office of Student Affairs.

PRINT YOUR NAME

SIGN YOUR NAME

Top

Last Modified 01/02
Developed by the UCSD School of Medicine, Office of Educational Computing
Please direct all comments and questions to the [webmaster](#).
Copyright 2007, University of California, San Diego
All rights reserved