

# List of Recommenders

## Health Professions Advisory Board

Name: \_\_\_\_\_

Grad Year: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

Program to which you are applying (i.e. MD, MD/PHD, DO, Vet, Dental): \_\_\_\_\_

Please list those recommenders whose letters you would like to have included in your HPAB packet for health professions schools. You must choose a minimum of three letters and may include no more than six. This form must be submitted to the Career Services Office no later than **June 5, 2007**.

Recommender name	Title	Institution
1.		
2.		
3.		
4.		
5.		
6.		

(Please PRINT)

I hereby authorize the Health Professions Advisory Board to release letters of recommendation from the individuals listed above to health professions schools.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to:**  
 Credentials Office  
 University of Pennsylvania  
 Career Services  
 Suite 20, McNeil Building, 3718 Locust Walk  
 Philadelphia, PA 19104-6209  
 Fax: 215.898.2687