



**ACADEMIC SUPPORT AND ENRICHMENT
CENTER**

RELEASE FORM

B R O D Y

SCHOOL OF MEDICINE

I, _____, give my permission for the Admissions Office of the Brody School of Medicine at East Carolina University School of Medicine to release a copy of my **AMCAS application, transcripts, letters of recommendation, and essay** to the Academic Support and Enrichment Center. The above information is to be used towards my application for the Summer Program for Future Doctors.

Please return this form, along with the above information, as soon as possible to:

Academic Support and Enrichment Center
2N64 Brody Building
Greenville, NC 27858
(252) 744-2500
Fax: (252) 744-2051

Signature _____

Date _____