RUTGERS

Health Professions Office
Nelson Biological Laboratories, Room A207
Rutgers, The State University of New Jersey
604 Allison Road
Piscataway, NJ 08854-8082

http://hpo.rutgers.edu/
hpo@dls.rutgers.edu

Phone: 848/445-5667
Fax: 732/445-6341

RELEASE FORM
FOR HEALTH PROFESSIONS PACKET & LETTERS OF EVALUATION
To Individual Schools/Programs

2020 - 2021

Last Name _____ First Name _____ RU ID# or Application ID# _____

Home Address _____ Date _____

City _____ State _____ Zip Code _____ Phone Number _____

College _____ Class Year _____ E-mail _____

HPO procedures and policies for the compilation and release of letter packets:

- We do not customize packets for individual schools.
- While students may request particular letters, the letters which comprise each packet are ultimately selected by the faculty/staff of the HPO.
- Without exception, letters are sent by the HPO staff**. Letters are never given to students.**
- All recommendation letters should be received and visible in your HPOdrome account before signing the release form.
- Release forms are processed on a first-come/first-served basis.
- Please allow **at least two weeks** between submitting this form and the actual release of letters. During our busiest times (July through September) there may be **a longer wait**.
- Faxing is not a confidential means of transmission, and some schools will not accept a fax.
- It is the student's responsibility to submit release forms to this office in sufficient time to meet deadlines.

HPO Processing Fees offset the submittal cost and support the activities of the HPO:

- There is a $5.00 **non-refundable** per school fee for every school or program via US Mail or email. Note: For email delivery we require a verifiable address at an educational or research institution. All such requests require a minimum of 3 business days to process and send.
- If your material must be faxed, there is an additional $5.00 **non-refundable** fee per school or program

Please list schools with complete address on back of page

RUTGERS

Please list the school name with the complete address (use as many lines as you need)

1. _____

_____

_____

_____

2. _____

_____

_____

_____

3. _____

_____

_____

_____

4. _____

_____

_____

_____

5. _____

_____

_____

_____

6. _____

_____

_____

_____

7. _____

_____

_____

_____

8. _____

_____

_____

_____

Total Fee: _____

Date_____

Signature_____