CONSENT FOR THE SCHOOL OF HEALTH SCIENCES
AT OAKLAND UNIVERSITY
TO RELEASE EDUCATION RECORDS

I, _____, authorize Oakland University to release
Print Name
copies of my high school transcripts, ACT scores, and all HealthPro Start application materials to Wayne State University for the purpose of application to the Wayne State University-Oakland University HealthPro Start program.

I want for Oakland University to share this information as instructed, above, and I give this consent of my own free will.

_____ Date: _____
Signature

_____ Date: _____
Signature of Parent or Guardian if applicant is under 18