Form B

Dean's Letter Release Form (non-ERAS residency programs)
Request for release of Dean's Letter to residency programs NOT participating in the Electronic Residency Application Service (ERAS):

- Please complete this form and submit it to Mary Hartman in Student Affairs, 2900 Queen Lane, Suite 114, Philadelphia, PA 19129 no later than October 1, 2010.
- Include a set of address labels for the residency programs to which you are applying. (Do not separate your mailing labels. Keep the labels together as sheets of labels and write your name on the back of your labels so they won't be used by mistake for someone else’s mailing.)
- If you are going through the SF Match, please attach your dean's letter barcode label.
- Review of draft of Dean's Letter for Accuracy:
  Mary Hartman will contact each student via their Drexel e-mail account when a draft of the dean's letter is ready for review. After you are contacted, you will have 10 working days to review your letter. If you have not reviewed your letter by October 30, you waive your right to review your letter. If you are out of town during the months of September and October, it is your responsibility to inform Mary how and where you can be reached. Mary’s e-mail address is Mhartman01@drexelmed.edu.
- Dean's Letter Release Process:
  Read each program's instructions carefully before submitting your request for release. It is rare but some programs may ask for a duplicate copy of your application to accompany the dean's letter. Attach those specific programs' duplicate applications to this release form.

INITIAL REQUEST FOR RELEASE:
I am applying to ________ residency programs. (Enter the TOTAL number of programs & attach your mailing labels.)
Check one:      ______SF Match          _____Military             _____Other

By signing below I am authorizing that my Dean's Letter be sent to the residency programs listed on the attached mailing labels.

PRINT Your Name:__________________________
E-Mail Address:_____________________________
Cell Phone #:_______________________________
Home Phone #:_____________________________
Pager #:_______________________________
SIGNATURE:________________________________
DATE:_____________________________________

IMPORTANT NOTE: Direct your transcript requests to the Registrar's office. Please review your transcript prior to releasing it to your programs, to be certain that all 3rd year grades have been posted and are correct, and that any marginal or incomplete grades have been cleared.