

**CONSENT TO RELEASE STUDENT
MEDICAL COLLEGE ADMISSION TEST (MCAT) RECORDS**

I, _____, SGU Student I.D. # _____,
Full Legal Name *A00******

Residing at _____,

hereby consent and grant to St. George's University, Grenada, West Indies and University Support Services, LLC, Great River, N.Y., full authority and permission to duplicate and release the official results of any and all MCAT examinations, taken by me in preparation for application to medical school, to the SGUSOM accrediting authority (Ministry of Health Grenada) and , upon request, to the U.S. Department of Education (USDOE) **in compliance with USDOE regulations requiring annual reporting of MCAT scores by St. George's University.**

Other restrictions and conditions:

This consent to release records is limited to those persons or entities expressly named herein. Any further release of records to any other person, group, corporation or other entity of any kind is expressly prohibited without further written consent of the student.

The records listed above will be released in unedited form, except as otherwise provided by the Family Educational Rights and Privacy Act of 1974 and regulations promulgated there under, and the policies and procedures of St. George's University and University Support Services, LLC.

THE STUDENT HAS THE RIGHT TO DENY ACCESS TO THE RECORDS LISTED ABOVE AND/OR TO REVOKE THIS CONSENT AT ANY TIME.

In signing this consent form, the student agrees to the release of these records.

Having read and understood this consent form, the student has signed below knowingly and voluntarily.

Signature

Date

Please sign and return by fax, email or post to:

Fax: +1 631-665-5590

Email: Admission@sgu.edu

Mail: SGU Office of Admission
c/o University Support Services LLC
3500 Sunrise Highway, Bldg 300
Great River NY 11739-9002 USA