

**AUTHORIZATION TO RELEASE INFORMATION TO
SCHOOL of PUBLIC HEALTH
ADMISSIONS & STUDENT AFFAIRS**

FULL NAME _____

Social Security Number _____

By signing this form, I give permission to the Admissions offices of the Louisiana State University School of Social Work to release the documents listed below in my LSU School of Social Work records to the LSU Health New Orleans School of Public Health.

Information from these records will be used for the sole purpose of determining my eligibility for Admission to the Master of Public Health Degree Program.

The information to be released will consist of:

1. All undergraduate and graduate school transcripts
2. If applicable, TOEFL/IELTS
3. Recommendations
4. Resume

Signature to permit release: _____

Date signed: _____

Return this document to:

Isabel Billiot
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LSU Health NO School of Public Health
2020 Gravier Street, 3rd Floor
New Orleans, LA 70112
ibilli@lsuhsc.edu, 504.568.5773