

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

FULL NAME \_\_\_\_\_

Student ID Number \_\_\_\_\_

By signing this form, I give permission to the Admissions offices of the Louisiana State University School of Medicine in New Orleans to release the documents listed below in my LSUHSC School of Medicine records to the LSUHSC 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. MCAT scores
3. Letters of Recommendations
4. Resume
5. Letter of Acceptance from LSUHSC-NO School of Medicine

Signature to permit release: \_\_\_\_\_

Date signed: \_\_\_\_\_

Return this document to: Isabel Billiot  
Admissions and Student Affairs  
LSUHSC School of Public Health  
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New Orleans, LA 70112  
ibilli@lsuhsc.edu  
504.568.5773