

INSTRUCTIONS and OVERVIEW SIGNATURE PAGE

Instructions /Overview of the Request for the Health Professions Letter Packet

I certify that I have read this entire document, understand the content herein, and make myself responsible for following all deadlines. I understand that if I miss any deadline for the committee letter request, I have the option of requesting a Letter Packet by 31 May 2020.

DATE: _____

PRINTED FULL NAME:

First	Middle	Last
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SIGNATURE:

Print and complete this page and return to Rosalind Adgers, in the Credential Service by 31 May 2020. You may scan the signed page and send by email, please include in the email SUBJECT Line: Letter Packet Instructions Signature Page