DEAN OF STUDENTS EVALUATION

To be completed by the person at your undergraduate institution that handles disciplinary actions.

SECTION ONE: To be completed by the applicant (Print Clearly) _____

I, the undersigned, permit the release of all academic or disciplinary information to Indiana University School of Medicine. The Family Educational Rights and Privacy Act (FERPA) of 1974 open many student records for the student's inspection. The applicant's signature below constitutes a waiver; no signature means the applicant will have the right to read this document.

_____	_____	_____
Applicant's Signature	AMCAS ID	DATE

SECTION TWO: To be completed by the Dean who handles disciplinary actions

Please mark the box and respond to all the questions.

Has the above named applicant

a.	been involved in any disciplinary action(s)?	YES	NO
b.	been involved in any disciplinary action related to the possession or use of any form of illegal drugs/alcohol?	YES	NO

If you answered **YES** to any of the above, please elaborate in the space below**.**

_____	_____
Name of Reporting Official and Title (Print Clearly)	Signature
_____	_____
College or University	Telephone Number

_____
E-mail Address

Return to: Indiana University School of Medicine
Office of Admissions and Student Financial Services
635 Barnhill Drive
Van Nuys Medical Science Building, Room 112
Indianapolis, IN 46202
inmedadm@iu.edu