

**Health Professions Recommendations Committee (HPRC)
ACADEMIC HONESTY RELEASE FORM**

By my signature below, I certify that the information contained in my Health Professions Recommendation Committee Application is true to the best of my knowledge. I also do hereby authorize access to the Chairperson of the Health Professions Recommendations Committee to view my full University Academic Honesty File for the purpose of writing a committee recommendation letter. I understand that any Academic Honesty issues contained within my university file may disqualify me from participating in the HPRC interview process and prevent a letter of support being composed by the HPRC on my behalf.

Applicant Name (printed) _____

_____ Date: _____
(Applicant's signature)

(for office use only) -----

Individual accessing the
Academic Honesty File:

Date:
