The University of North Carolina at Chapel Hill School of Medicine requires each applicant for visiting student status to execute this consent form so that it may obtain necessary registration information from the Dean's Office of the applicant's home medical school.

I, __________________________________, hereby request and consent to release of the following information, which is necessary for completion of my application as a visiting medical student, to the University of North Carolina at Chapel Hill School of Medicine.

1. standing and year in medical school
2. tuition payment verification
3. professional liability coverage
4. health insurance coverage
5. evaluation requirements

A copy of this consent form shall be effective as an original.

Signature________________________ Date ______________