

**Science, Medicine and Related Topics (SMART) Summer 2024  
Cover Sheet & Transcript Release Request (applicant's responsibility to provide to school)**

Use this form if you are requesting a release of *transcripts* from the applicant's school.

<b>To the applicant/parent/guardian:</b> This section must be completed by in order to match documents to applicant files.			
Applicant's Name:		Date of Birth:     /     /	
Last	First	Middle Initial	mo     day     year
Applicant's Address:			
Street	City	State	Zip Code
Applicant's Phone Number: (     )     -		Applicant's Email Address:	
Parent/Guardian's Phone Number: (     )     -		Parent/Guardian's Email Address:	

**It is necessary for this form to accompany forms to properly match documents to applicant files.**

**To the Parent/Guardian:** Please choose the appropriate Release

**RELEASE OF TRANSCRIPT AND ATTENDANCE RECORD – To the school**

<p>To Whom it May concern,</p> <p>My child _____ is applying to The SMART Program at New Jersey Medical School for the summer of 2024. I _____ give permission for release of his/her official school transcript and attendance record, which should to be emailed to smartprogram@njms.rutgers.edu or mailed directly to:</p> <p align="center"><b>New Jersey Medical School</b></p> <p align="center"><b>The Office for Diversity and Community Engagement, Attn: SMART Program</b></p> <p align="center"><b>185 South Orange Avenue, MSB B-624</b></p> <p align="center"><b>Newark, NJ 07103</b></p>
<b>Signature of Parent/Guardian</b>
<b>Signature of Parent/Guardian</b>