



Office of the Registrar
One Medical Center Drive - 7090
Lebanon, NH 03756
TEL: (603) 650-2248 | FAX: (603) 650-2244

RE: Authorization to Release MSPE

To: Geisel Registrar's Office

I authorize the Geisel Registrar's Office to release my MSPE (Medical Student Performance Evaluation, formerly known as the Dean's Letter).

Print Name: _____

Signature: _____

Date: _____

Mail, fax, or scan and email directly to:

