Contact Institution: UNTHSC – Texas College of Osteopathic Medicine
Partner Institutions: Midland College, the University of North Texas,
UNTHSC - Texas College of Osteopathic Medicine, and Midland
Memorial Hospital

Notice of Intent to Apply to the Primary Care Pathway Program
Authorization to Release Educational Records

I intend to apply to the Primary Care Pathway Program (PCPP) in May of my freshman year at Midland College.
In addition to my TMDSAS application, I understand that certain academic and financial aid records must
be submitted to the University of North Texas, UNTHSC - Texas College of Osteopathic Medicine.
I authorize the release of, and understand that, the following academic records will be used by Texas College of
Osteopathic Medicine Office of Admissions and Outreach for the purpose of completing the PCPP application.

I authorize the release of my educational records in accordance with the Family Educational Rights and Privacy Act,
which authorizes the release of educational records to the Texas College of Osteopathic Medicine, Office of
Admissions and Outreach for the purpose of determining my eligibility and continuation in the PCPP. This includes
the release of my college transcript each semester that I am enrolled in the institutions identified above.

1. One official copy of my final high school transcript and class rank used by Office of Admission at Midland College.
2. One copy of my official SAT/ACT scores which is to be submitted prior to December 1 of my first year at Midland College
3. One official college/university transcript of my academic work per semester just completed, including summer courses from Midland College and/or the University of North Texas.

PRINT CLEARLY OR TYPE THE FOLLOWING INFORMATION

please return signed and completed form to pcpp@midland.edu

The following information must be completed by student applying to the PCPP:

Date of request: _____

Student's Full Name:

_____

Student's Midland College ID number: _____ _____

Date of Birth: _____

Address: _____

City:_____**State**:_____**Zip**: ___ _____

Preferred phone number: _____

Email address: _____

Student's Signature:_____**Date**: _____

x