



DREXEL UNIVERSITY

Dornsife

School of Public Health

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RELEASE FORM

I am hereby authorizing Drexel University Kline School of Law to release my law school application file to the Dornsife School of Public Health for application to the dual-degree JD/MPH Program.

University ID _____

Name _____
(please print)

Address _____

E-Mail _____

Telephone # _____

Signature _____

Date _____

ESSAY: Please include with this form a short essay (about 600-800 words) describing your interests in public health and how the JD/MPH program will allow you to achieve your academic and professional goals.