



# Request to Release PREview® Professional Readiness Exam Scores

The purpose of this form is to provide PREview examinees the opportunity to request a release of their exam scores after exam day due the decision to apply to an additional participating school that does not use the AMCAS application.

Please review the [AAMC PREview Essentials](#) for more information about the score reporting process.

## Biographical Information

Full Name:

AAMC ID:

Email address:

## Exam Information

PREview exam date:

I hereby request and authorize the AAMC to release my AAMC PREview score pursuant to the PREview Examinee Agreement and Use of Personal Information accepted on exam day to:

Des Moines University College of Osteopathic Medicine (Recommending PREview)

Rowan-Virtua School of Osteopathic Medicine (Recommending PREview)

Oklahoma State University Center for Health Sciences College of Osteopathic Medicine (Recommending PREview)

The University of Texas Health Science Center at San Antonio Joe R. and Teresa Lozano Long School of Medicine (Requiring an SJT)

McGovern Medical School at the University of Texas Health Science Center (Research Only)

## Certification

Check the following boxes to indicate acceptance of the terms related to releasing your AAMC PREview Professional Readiness Exam score.

I understand and agree that any personal information provided by me during the exam process will be transferred to any medical schools that I selected above

**By signing below, I certify that all forgoing information in this form is true and complete to the best of my knowledge.**

**Signature:**

**Date:**

**Submit your completed form by email to [askpreview@aamc.org](mailto:askpreview@aamc.org).**