



## GPA VERIFICATION FORM

**Please note: Due to the pandemic, we are accepting school transcripts as GPA verification. Please upload a clear copy with your name and GPA in clear view at [www.FutureDocs.com/GPA](http://www.FutureDocs.com/GPA).**

Complete and return this form to the Academy no later than **30 days after the Congress you attend**. Please complete all sections. Upload a digital copy of the completed form at [www.FutureDocs.com/GPA](http://www.FutureDocs.com/GPA). DO NOT MAIL this form.

### 1. Delegate Information:

\_\_\_\_\_  
Delegate Name

\_\_\_\_\_  
Delegate Invitation Number

\_\_\_\_\_  
High School Name

### 2. Parent/Guardian Authorization:

I, as the parent/guardian of the student listed above, authorize the Academy to obtain my child's academic record and allow its release if necessary. I understand that my child does not need to send transcripts unless instructed to do so.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Number

### 3. Teacher/Educator Certification:

I declare that, to the best of my knowledge and belief, the student listed above has a GPA of 3.5 or higher, either current or cumulative. I authorize the National Academy of Future Physicians and Medical Scientists to contact me by phone, email, or fax to verify this statement if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position/Job Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number