



GPA VERIFICATION FORM

Please note: 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.

Complete and return this form to the Academy no later than **30 days prior to the Congress**. Please complete all sections. Upload a digital copy of the completed form at 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