

Subject: Authorize File Transfer to PharmCAS [*or similar*]

Dear [*Name*],

As you know, your file was reviewed through your initial Centralized Application Services (CAS) application to [*Institution Name*]. In order to start the background check process and provide PharmCAS and the American Association of Colleges of Pharmacy (AACCP) the needed de-identified matriculation data we are requesting that you allow Liaison to move your data from your original CAS system to PharmCAS. **This will require no cost or action on your part aside from giving permission to move the data.** Liaison is the company that administers all of the CAS systems: PharmCAS, ADEA AADSAS (Dental), OptomCAS (Optometry), AACPMAS (DO), CASPA (PA), VMCAS (Vet). We will limit the data to general demographic information and academic information such as coursework/colleges attended, and degrees obtained.

Only the following items will be populated on the PharmCAS application on your behalf. All other items on the PharmCAS record will be left blank. This data will not affect your acceptance status at [*Institution Name, Program Name*] nor be shared with any other colleges or universities without your permission. You must contact [*School contact*] directly if you have questions about your PharmCAS record.

- Your Name
- Preferred Name (if available)
- Current Address
- Phone
- Colleges Attended
- Transcript Entry (Coursework)
- Official Transcripts

_____ I give [*Institution Name, Program Name*] and Liaison permission to move my file data from my original CAS to PharmCAS.

_____ I DO NOT permit the movement of my data at this time and chose to withdraw my application.

Please return this to me as soon as you can so that we can begin the process.

Thank you.

Sincerely,

[*Signature*]