



THE UNIVERSITY OF  
**NOTRE DAME**  
A U S T R A L I A

SCHOOL OF MEDICINE, FREMANTLE

***Doctor of Medicine***

**PERMISSION TO RELEASE CONTACT INFORMATION TO MEDICAL STUDENTS OUTCOMES  
DATABASE – MSOD**

I, (full name)

Student ID No.:

Give the School of Medicine permission to release my contact details to Medical  
Students Outcomes Database – MSOD.

Has not been actioned