



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, Fremantle permission to release my contact details to  
Medical Students Outcomes Database – MSOD.

Has not been actioned

