



**NUCLEAR MEDICINE INSTITUTE
REFERENCE FORM**

PART A – NMI APPLICANT: You must fill in all of the information requested in this section.

Printed Name of NMI Applicant: _____

PLEASE READ CAREFULLY:

I hereby authorize: _____
(Name of Reference)

to provide any and all information as requested herein and I release them from all liability for issuing this information.

I also authorize the Nuclear Medicine Institute at the University of Findlay to contact me and/or the recommender regarding this reference.

Signature of Applicant

Date

The recommender should please return this form via email (preferred), fax, or postal mail to:

Nuclear Medicine Institute
Attn: Sarah Gracy
University of Findlay
1000 North Main Street
Findlay, OH 45840

Email: nmi@findlay.edu
Telephone: (419) 434-4708
Fax: (419) 434-4168

