HARVARD COLLEGE
Request for Recommendation

Kirkland House
Office of the Allston Burr Resident Dean
Harvard College, Cambridge, MA 02138
617-495-2276 (phone); 617-496-4620 (fax)

STUDENT: Please complete the top section of this form and give it to your recommender. Ask the recommender to email a PDF of the letter on professional letterhead with the writer's signature and a signed waiver form to kirklandac@fas.harvard.edu and k.premed@gmail.com.

Name of Student (print): _____ Class: _____

Name of Recommender (print): _____

Purpose of Recommendation: _____

Date Recommendation Is Due to the House Office: _____

_____

STUDENT: Release of Recommendation

I hereby request that Harvard College send this letter of recommendation to the people or institutions that I designate. I will provide my Allston Burr Resident Dean with a written list of all such people or institutions.

_____ _____
Student's signature Date

STUDENT: Waiver of Access to Recommendation

I understand that, under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g ("FERPA"), I have the right to see this letter of recommendation.

I hereby ____ WAIVE / ____ DO NOT WAIVE my right of access under FERPA with respect to this letter of recommendation.

_____ _____
Student's signature Date

RECOMMENDER: Please email this signed form and a PDF of the letter of recommendation on professional letterhead with your signature and a signed waiver form to kirklandac@fas.harvard.edu and k.premed@gmail.com. Please take note of the student's choice regarding right of access to your letter of recommendation. If the student has waived the right to see your letter, please mark the top of your letter "Confidential."

Permission to Use Excerpts from Recommendation

I ____ AUTHORIZE / ____ DO NOT AUTHORIZE Harvard College to use excerpted portions of my letter of recommendation in composing Dean's Letters on behalf of this student.

_____ _____
Recommender's signature Date