

**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)
k.premed@gmail.com

STUDENT: Please complete the top section of this form and give to your recommender.

Name of student (print): _____ Class: _____

Name of Recommender (print): _____

Purpose of Recommendation: _____

Date Recommendation Due in House Office: _____

Release of Recommendation

I hereby request that Harvard College sent 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

Waiver of Access to Recommendation

I understand that, under the Family Education 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 along with your letter of recommendation (on letterhead and addressed to "Medical School Admissions Committee") to k.premed@gmail.com. If you cannot submit the documents electronically, please send them to Kirkland House, Attn: Academic Coordinator, 95 Dunster St, Cambridge, MA 02138. Please take note of the student's choice regarding access to your letter. 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