

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)
matarazz@fas.harvard.edu and k.premed@gmail.com

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

Name of Student (print): _____ Class: _____

Name of Recommender (print): _____

Purpose of Recommendation: _____

Date Recommendation Is Due in House Office: _____

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

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 send this signed form, along with your letter of recommendation, to the Office of the Kirkland House Allston Burr Resident Dean. You can email it to matarazz@fas.harvard.edu and k.premed@gmail.com or you can mail it to Kirkland House, % Linda Matarazzo, 95 Dunster St, Cambridge, MA 02138. 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