

## Letter of Recommendation Request Form

Please complete the following information to help us provide you with your recommendation in a timely and effective manner. Please attach any forms that you need to have sent with your letter. If you would like to attach a curriculum vitae, resume, or other summary of your experience then it will be helpful in allowing us to provide a detailed and accurate reference.

1. Where should we send the letter of recommendation? Please include the full address, indicating if the forms or letter should be directed to the attention of a particular individual.

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2. What exactly do you need the letter for? Please be as specific as possible (e.g., “to complete my application to the University of Tennessee Health Sciences Dental Program,” “to apply to shadow Dr. Smith at Smith’s Podiatry in Jonesboro, AR,” or “to apply for the Good Student Scholarship”).

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3. What do you think is especially important for them to know about you? For example, someone applying to medical school might want to make certain that we know that he or she had spent four years working off campus in an emergency room.

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5. Under the Family Educational Rights and Privacy Act of 1974 (FERPA), you have the right to see certain letters of recommendation and other educational materials. Please indicate whether you waive this right.

- Yes, I waive any right of access that I may have to this recommendation letter and any accompanying paperwork, including recommendation forms
- No, I do not waive any right of access that I may have to this recommendation letter and accompanying paperwork, including recommendation forms

By signing below, I certify that I would like \_\_\_\_\_ to complete the letter of recommendation requested and any accompanying forms and to send them to the person or entity specified above in question 1. I understand that this may involve the release of confidential educational information.

\_\_\_\_\_  
Sign name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date