

HARVARD COLLEGE

Request for Recommendation

Cabot House

Office of the Allston Burr Resident Dean

60 Linnaean Street

Cambridge, MA 02138

For questions, contact 617-495-9196 (phone); ac_cabot@fas.harvard.edu (email)

STUDENT: Please complete the top section of this form and give it to your recommender along with a stamped envelope addressed to the Office of the Resident Dean (address above). Ask that your recommender complete the bottom section of this form and that the letter be on signed letterhead.

Name of Student (print): _____ Class: _____

Student's Email Address: _____

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:

- Most programs require letters to be both **signed** and on **letterhead**.
- Please send this signed form, along with your letter of recommendation, to the address above.
- 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