## **HARVARD COLLEGE**

## **Request for Recommendation**

## **Cabot House**

Office of the Allston Burr Resident Dean 60 Linnaean Street Cambridge, MA 02138 617-495-9196 (phone)

Recommender's signature

<u> </u>	tion of this form and give it to your recommender along with
a stamped envelope addressed to the Office of the Ro complete the bottom section of this form and that the	esident Dean (address above). Ask that your recommender e 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	
	er of recommendation to the people or institutions that I 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 Rig right to see this letter of recommendation.	thts and Privacy Act, 20 U.S.C. § 1232g ("FERPA"), I have the
I hereby WAIVE/ DO NOT WAIVE my rigrecommendation.	ight of access under FERPA with respect to this letter of
Student's signature	Date
<ul> <li>Please take note of the student's choice recommendation. If the student has wait your letter "Confidential."</li> <li>Permission to Use Excerpts from Recommendation.</li> </ul>	n your letter of recommendation, to ac_cabot@fas.harvard.edu regarding right of access to your letter of ived the right to see your letter, please mark the top of endation Harvard College to use excerpted portions of my letter of

Date