Rutgers Health Professions Advising Office
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LETTER OF RECOMMENDATION REQUEST FORM

STUDENT MUST COMPLETE THIS SIDE OF FORM. PLEASE PRINT CLEARLY AND GIVE TO THE PERSON WHO IS WRITING THE RECOMMENDATION.

Last Name	First Name	MI	Class Yr.	RU ID Number

Telephone Number	Email Address	Major	Proposed Health Field

Evaluator's Name	Course Title or Student's Position	Semester/Dates

To the Student

Under the provisions of the federal law, students have the right to examine their educational records, including letters of recommendation requested by them for inclusion in their files. This law also protects your right to privacy regarding your educational record. This office subscribes fully to this law and its provisions.

At the same time, there are two important reasons we recommend you waive your right to see your letters:

1. Evaluators are likely to be more candid if they know that the letters will be confidential and not viewed by the student.
2. Professional/graduate schools prefer that letters are confidential, and many will not consider letters that are not.

I relinquish my right of access to this letter of recommendation, and I give my letter writer permission to include details about my educational records.

Applicant's Signature Date

Note: Letters on file in the HPO may not be used in applying for employment since they were written as academic evaluations for prospective health professions admission. They may be released to health-related graduate programs and scholarship committees only. Without exception, letters are released to the programs by the HPO staff; **letters are never given to students.** If you wish to apply to a school that requires treatment of letters other than that stated above, you may wish to have your letters handled elsewhere.

OVER>

Student's Name (please print)

Evaluator's Name (please print)

Title/Position

Department/Company

Association with Student

To the Writer

Your letter of recommendation is a critical part of a student's application to medical, dental, other health professional schools, graduate schools, and for scholarship applications. It will **not** be used for prospective employment.

- Please be sure to submit your typed letter on departmental/institutional letterhead if you have access to it, as professional schools want to see letters of recommendation that include it. If you do not have access to it, please create a letterhead that includes your name, title, organization, department, and contact information at the top of the page.
- Please be sure to sign and date the letter.
- Please include the date the letter was written, the student's full name and RUID number, your full name, and your title
- Please include this form as a separate attachment when submitting the letter
- Please include the type of program you are recommending the student for (medical school, dental school, graduate program, etc.), but do NOT specify the name of the individual school or program.

If you would like further guidelines for preparing a letter of recommendation for a health professions applicant, please go to the link: Guidelines for Writing a Letter of Recommendation

Submitting Your Letter of Recommendation

- You may submit your letter of recommendation through campus mail, regular mail, fax, or via email. (you can find HPO contact information on the front page of this form.)
- If you wish to submit your letter electronically via email to our office, please scan and send it as a PDF attachment to hpo@dls.rutgers.edu
- Letters of recommendation are confidential documents and must be treated as such. Therefore, students are not authorized to hand-carry documents unless the letter writer has signed the seal of the envelope. Letters of recommendation should also not be sent to students.