

# HARVARD COLLEGE

Request for Recommendation  
Eliot House  
617-495-2275 (phone); 617-496-2800 (fax)

**STUDENT:** Please complete the top section of this form and give it to your recommender along with a stamped envelope addressed to **Dr. Katy Leonard, Allston Burr Assistant Dean of Harvard College, Eliot House N-22, 101 Dunster Street, Cambridge MA 02138.**

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 Assistant 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 Eliot House Allston Burr Assistant Dean's Office (see 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 make 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