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. Andrea Wright, Allston Burr Resident 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	
• •	letter of recommendation to the people or institutions that stant Dean with a written list of all such people or
Student's Signature	Date
Waiver of Access to Recommendation	
have the right to see this letter of recommendati	
I hereby WAIVE DO NOT WAIVE letter of recommendation.	E my right of access under FERPA with respect to this
Student's Signature	Date
Eliot House Allston Burr Assistant Dean's Office	form, along with your letter of recommendation, to the ce (see address above). Please take note of the student's frecommendation. If the student has waived the right to er "Confidential."
Permission to Use Excerpts from Recommendate	tion
I AUTHORIZE DO NOT AUTHORIZE detter of recommendation in composing Dean's	ORIZE Harvard College to use excerpted portions of my Letters on behalf of this student.
Recommender's Signature	Date