



Request for Letter of Recommendation
University of Maryland School of Medicine

This form may be used by a student to authorize release of non-directory information from his/her education record for purposes of a letter of recommendation, application to an educational institution, professional reference, etc. For each request, this form should be completed and presented to the individual making the recommendation at least two (2) weeks prior to the deadline for submission.

Student Name _____ Date Requested _____

Student ID # _____ Class of _____

Student e-mail _____

I hereby authorize _____
Name of Professor or Other University Official or Organization (Please Print)

- To: Write a letter of recommendation
 Complete an evaluation form
 Serve as a professional reference (phone)
 Other (specify) _____

Send to:
Name, Employer or Educational Institution: _____

Street 1: _____

Street 2: _____

City/State/Zip: _____

Deadline for mailing: _____

- For the purpose of: Employment
 Admission to an educational institution
 Application for scholarship or honorary award
 Other (specify) _____

To the Student:

Please provide the information requested above. The student must initial one of the following statements and sign this form before submitting it to the evaluator. In accordance with the Family Rights and Privacy Act of 1974, I understand that federal legislation provides me with a right of access to confidential letters of evaluation relating to application for admission to another school, for a job, or for an award, and that no school or person can require to me waive this right.

I give my consent for the faculty member named above to review my student records for the purpose of providing a reference (written or oral) to the person/program above. It is my understanding that the evaluation will be based upon the faculty member's knowledge of my academic performance and character traits. He/She has my permission to include my grades, grade point average, class rank, and any relevant information.

Further, I hereby: _____ *waive* _____ *do not waive* my right to see the recommendation at any time in the future.

Student Name: _____
(Print Name)

Student Signature: _____