HARVARD COLLEGE

Request for Recommendation

Kirkland House

Office of the Allston Burr Resident Dean

Harvard College, Cambridge, MA 02138

617-495-2276 (phone); 617-496-4620 (fax)

**STUDENT:** Please complete the top section of this form and give it to your recommender along with a stamped addressed envelope. Or email a PDF of the letter on professional letterhead with the writer’s signature and a signed waiver form to matarazz@fas.harvard.edu.

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 Resident 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 Office of the Kirkland House Allston Burr Resident Dean. 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 mark 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