

**LETTER OF RECOMMENDATION WAIVER FORM**



**ADAMS HOUSE  
OFFICE OF THE SENIOR TUTOR  
26 PLYMPTON STREET  
CAMBRIDGE, MASSACHUSETTS 02138-5004  
PHONE (617) 495-2260 FAX (617) 495-0331**

**STUDENTS:** complete and give this form to your recommender along with a stamped envelope with the above address.

**RECOMMENDERS:** complete and sign Section C. (at bottom of page) then attach this form to your recommendation and send both in the pre-addressed, pre-stamped envelope provided by this student. **If the student has waived the right to see your recommendation in Section B. below, please type "CONFIDENTIAL" at the top of your letter.**

**NAME OF STUDENT** (please print) \_\_\_\_\_ **CLASS YEAR:** \_\_\_\_\_

**NAME OF RECOMMENDER** (please print) \_\_\_\_\_

**PURPOSE OF RECOMMENDATION:** \_\_\_\_\_

**DATE RECOMMENDATION DUE AT ADAMS HOUSE:** \_\_\_\_\_

**Section A. Consent:**

In conjunction with the Family Rights and Privacy Act of 1974, I, the above named student, do hereby give Harvard University and Adams House permission to release this letter of recommendation to any person or place designated by me, or for use in forming composite letters, such as Dean's Letters. This consent is to remain in effect until revoked by me in writing.

<b>STUDENT'S SIGNATURE:</b>	<b>DATE:</b>
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**Section B. Waiver:**

I, the above named student, waive \_\_\_ do not waive \_\_\_ any right of access I may have, as provided by law, to this letter of recommendation.

<b>STUDENT'S SIGNATURE:</b>	<b>DATE:</b>
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**Section C: Recommender Authorization:**

I do \_\_\_ do not \_\_\_ authorize use of portions of my letter in any composite House recommendations which may be requested by this student. (Please note: if the student has waived the right to see this recommendation, please write "CONFIDENTIAL" at the top of your letter.)

<b>RECOMMENDER'S SIGNATURE:</b>	<b>DATE:</b>
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