

# HARVARD COLLEGE

## Request for Recommendation

### Cabot House

Office of the Allston Burr Resident Dean  
Cabot Mail Center  
60 Linnaean Street  
Harvard College, Cambridge, MA 02138  
617-495-8744 (phone); 617-496-5388 (fax)

**STUDENT:** Please complete the top section of this form and give it to your recommender along with a stamped envelope addressed to your Allston Burr Resident Dean (address above).

Name of Student (print): \_\_\_\_\_ Class: \_\_\_\_\_

Name of Recommender (print): \_\_\_\_\_

Purpose of Recommendation: \_\_\_\_\_

Date Recommendation Is Due in House Office: \_\_\_\_\_

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### 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

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### 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

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**RECOMMENDER:** Please send this signed form, along with your letter of recommendation, to the Office of the Cabot House Allston Burr Senior Tutor. 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