# Request for Letter of Recommendation/Cover Sheet

Please attach this sheet to the *front* of your letter of recommendation with a paper clip.

| | |
|---|---|
| **Date:** | |
| **Letter Writer:** | |
| **Applicant Name:** | |
| **AAMC ID:** | |

Thank you for agreeing to write a letter of recommendation in support of my residency application. This sheet explains the special procedures needed to prepare a letter for ERAS — the Electronic Residency Application Service.

Please send the original letter of recommendation to my designated ERAS Dean's Office for transmission to ERAS using the following formation:

1. Address the letter to "Dear Program Director"; individualized salutations are not necessary. (I would be happy to provide you a list of programs to which I am applying).
2. Include in your letter whether or not I have waived my right to see this recommendation, as indicated below.
3. Include my name and AAMC ID, as listed above, in the subject line or body of the letter.
4. Print your letter so that it may be scanned and added to my files.
5. Attach this sheet to your letter before sending it, to help my designated ERAS Dean's Office identify your letter with my file.
6. Some schools may accept ERAS letters of recommendation in electronic format. Feel free to contact my designated ERAS Dean's Office at the address below for accepted electronic formats (e.g. PDF).
7. Finally, please deliver the letter to my designated ERAS Dean's Office at the address below:

Thank you for supporting my residency application.

**_____ (I waive) _____ (I do not waive) my right to see this letter. If "waive" is checked, I waive my right to see this letter under the " Family Educational Rights and Privacy Act (FERPA)". I acknowledge that this letter is for the specific purpose of supporting my application for a residency.**

**Signed:** _____

### Designated ERAS Dean's Office Mailing Address

| | | | |
|---|---|---|---|
| **Name:** | | | |
| **Department:** | | | |
| **School:** | | | |
| **Address:** | | | |
| **City:** | **ST:** | **Zip:** | |
| **Phone:** | **\* Fax:** | | |
| **Email:** | | | |

**\* Check if your school accepts faxed documents before providing a fax number**