**RECOMMENDATION REQUEST**

Office of Pre-Health Advisement | Wilf Campus | Belfer Hall 531 | 646.592.6033 (p)

# TO BE COMPLETED BY STUDENT:

Please submit this form with each recommendation letter you request.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying To (Please Circle):

Medicine Vetinerary Dentistry Osteopathy Grad School MD/PhD Optometry Podiatry

# FERPA (The Buckley Amendment):

Many professional schools prefer to review your scholastic and non-academic record with the understanding that it was obtained confidentially. Under the Family Education Rights and Privacy Act of 1974, you have the option to waive or not to waive your rights to see your records. Please check and sign below. A copy of the Family Education Rights and Privacy Act of 1974 is on file in the Yeshiva College Registrar's Office. Should you have any questions, please contact us at wilf-prehealth@yu.edu.

\_\_\_\_\_ I DO NOT wish to waive my rights to inspect and review my scholastic and non-academic record under the Family Education Rights and Privacy Act of 1974.

\_\_\_\_\_ I HEREBY waive my rights to inspect and review my scholastic and non-academic record under the Family Education Rights and Privacy Act of 1974.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# TO BE COMPLETED BY RECOMMENDER:

Please be sure the recommendation letter is signed, dated, and on letterhead.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the signed, dated reference letter on letterhead with this waiver form.

 By email: Send as a pdf by email with subject “Pre-Health Recommendation: [Student Name]” to wilf-prehealth@yu.edu

-OR-
By standard mail: Send in a sealed envelope to:

Office of Pre-Health Advisement

Yeshiva University

500 West 185th Street

Belfer Hall, Room 531

New York, NY 10033