



Letters of Recommendation CONFIDENTIALITY AGREEMENT

No letter of recommendation will be processed without a completed and signed agreement!

Note: Not intended for use by students enrolled in an LPS Post-Baccalaureate program. If you are an LPS student please discuss your credentials file options with your advisor.

APPLICANT INFORMATION *ALL FIELDS TO BE COMPLETED BY APPLICANT*

PENN ID:

LAST NAME: _____ FIRST NAME: _____ MI: _____

GRAD YEAR: _____ EMAIL: _____

INTENDED USE OF LETTER OF RECOMMENDATION:

- ALLOPATHIC MEDICAL SCHOOL (MD) MD / PHD PROGRAM
- OSTEOPATHIC MEDICAL SCHOOL (DO) DENTAL SCHOOL

RECOMMENDER INFORMATION *ALL FIELDS TO BE COMPLETED BY APPLICANT*

LAST NAME: _____ FIRST NAME: _____

TITLE: _____ EMAIL: _____

INSTITUTION: _____

As per the *Family Educational Rights and Privacy Act of 1974 (FERPA)*, I understand that I may view this evaluation unless I explicitly waive my right to do so below:

- CONFIDENTIAL:** I waive my right to view this evaluation
- NON-CONFIDENTIAL:** I do not waive my right to view this evaluation

_____ Applicant Signature

_____ Date

WE CANNOT ACCEPT TYPED SIGNATURES OR ADOBE SIGNATURES

ATTENTION RECOMMENDERS:

Please ensure the letter is **signed, dated**, and on **official letterhead**. Unless explicitly asked by the student, address all letters to the attention of a general medical school admissions board.

For more information:

<http://www.vpul.upenn.edu/careerservices/faculty/premed.php>

PLEASE ATTACH FORM TO LETTER AND SUBMIT VIA EMAIL (PREFERRED):

vpul-letters@pobox.upenn.edu

OR MAIL TO:

Career Services Attn: Letters
University of Pennsylvania
3718 Locust Walk
McNeil Building, Suite 20
Philadelphia, PA 19104-6209

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