

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:

- | | |
|--|---|
| <input type="checkbox"/> ALLOPATHIC MEDICAL SCHOOL (MD) | <input type="checkbox"/> MD / PHD PROGRAM |
| <input type="checkbox"/> OSTEOPATHIC MEDICAL SCHOOL (DO) | <input type="checkbox"/> 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 _____

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 (PDF) OR MAIL:

letters@pobox.upenn.edu

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

UNIVERSITY OF PENNSYLVANIA NONDISCRIMINATION STATEMENT