



UNIVERSITY OF RICHMOND UICHMOND
FOUNDED 1830

REQUEST for LETTER of RECOMMENDATION

Written by an INDIVIDUAL FACULTY MEMBER
or ACADEMIC ADVISOR

Student ID# _____

Name _____
Last First Middle
(* Name as used at the University of Richmond (if changed) _____)

Address _____
Street City State Zip

Day Phone Number _____ Home Phone Number _____ E-mail address _____

Current Student Not Current Student Last Attended UR _____
Degree Received (degree/date) if applicable _____

I hereby authorize _____ (Print name of individual) to write a letter of reference/recommendation detailing my academic progress and history, including GPA, Class Ranking, Recognitions, and/or Research Endeavors.

Mail to: _____ Issued in Sealed Envelope(s)

Deadline for submission of letter: _____

Student's Signature _____

Privacy Act: All requests require an original signature of the student.

Date: _____

YOU NEED TO PROVIDE A COPY OF THIS FORM TO EACH INDIVIDUAL FACULTY MEMBER OR ACADEMIC ADVISOR FROM WHOM YOU ARE REQUESTING A LETTER.