



# REQUEST FOR LETTER OF RECOMMENDATION WRITTEN BY AN INDIVIDUAL FACULTY MEMBER OR ACADEMIC ADVISOR

Student ID#: \_\_\_\_\_

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

\_\_\_\_\_  
Name used at the University (if changed)

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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: \_\_\_\_\_

Check one: <input type="checkbox"/> I waive my right to review a copy of the letter at any time in the future. <input type="checkbox"/> I do not waive my right to review a copy of the letter at any time in the future.
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**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.