

LETTER OF RECOMMENDATION WAIVER/REQUEST FORM



ADAMS HOUSE
OFFICE OF THE RESIDENT DEAN
26 PLYMPTON STREET
CAMBRIDGE, MASSACHUSETTS 02138-5004
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adams_coordinator@fas.harvard.edu

STUDENTS: fill out the form through Section B. and give it to your recommender.

RECOMMENDERS: complete and sign Section C. (at bottom of page) then attach this form to your recommendation and send both to adams_coordinator@fas.harvard.edu. Please include your signature and contact information/letterhead in your letter. **If the student waived their right to see your recommendation in Section B. below, then please also type "CONFIDENTIAL" at the top of your letter.**

NAME OF STUDENT (please print) _____ CLASS YEAR: _____

NAME OF RECOMMENDER (please print) _____

PURPOSE OF RECOMMENDATION: _____

DATE RECOMMENDATION DUE AT ADAMS HOUSE: _____

Section A. Consent:

In conjunction with the Family Rights and Privacy Act of 1974, I, the above named student, do hereby give Harvard University and Adams House permission to release this letter of recommendation to any person or place designated by me, or for use in forming composite letters, such as Dean's Letters. This consent is to remain in effect until revoked by me in writing.

STUDENT'S SIGNATURE:	DATE:
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Section B. Waiver:

I, the above named student, waive ___ do not waive ___ any right of access I may have, as provided by law, to this letter of recommendation.

STUDENT'S SIGNATURE:	DATE:
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Section C: Recommender's Authorization:

I do ___ do not ___ authorize use of portions of my letter in any composite House recommendations which may be requested by this student. (Please note: if the student has waived the right to see this recommendation, please write "CONFIDENTIAL" at the top of your letter.)

RECOMMENDER'S SIGNATURE:	DATE:
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