

Prehealth Committee Request for Letter of Recommendation and Waiver Form

This form must be completed and signed by **BOTH** the applicant and the recommender.
This form **MUST** accompany the letter of recommendation upon delivery to our office.

Applicant Information

First Name: _____ Last Name: _____

UB Person #: _____

Intended Health Profession

(Check all that apply)

- Allopathic Medicine (MD) (*Spring Cycle Only*) Osteopathic Medicine (DO) MD/PhD
 Dental Medicine (*Spring Cycle Only*) Optometry Podiatric Medicine

Applicant's Signature of Waiver

In accordance with the provisions of the Family Rights and Privacy Act of 1974 as amended (20 U.S.C.1232g), I understand that I have the right to either waive or retain access to letters of recommendation obtained in support of my application to professional school(s). I recognize that waiving my right of access is not a requirement for consideration of my application or for any other services provided by the Office of Prehealth Advising at University at Buffalo.

Therefore, by typing or signing your name below, you are choosing whether or not to waive your right of access for this letter of recommendation:

I **waive** my right of access to this letter

Applicant's Signature (Please Type)

Date

OR

I **do not waive** my right of access to this letter

(If the waiver statement is unsigned, the law specifically reserves the right of access of this letter to the student)

Applicant's Signature (Please Type)

Date

Letter Writer's Information

Please make sure that your letter meets the following requirements:

- The letter **must** be signed (**handwritten signatures accepted, typed signatures are not accepted, Adobe digital signatures are allowed**)
- The letter **must** be printed on letterhead stationary (or all contact information if letterhead is unavailable)
- The letter is addressed to "Dear Admission Committee"
- The letter recommends an applicant for admission to "medical school," "dental school," or etc. Please do not recommend applicants for admission to specific schools or programs.
- The letter is sent to the Office of Prehealth Advising **and** this signed waiver form via the methods listed below
- The letter is sent to the Office of Prehealth Advising by the following due date
 - **Spring Cycle:** April 15
 - **Fall Cycle:** September 1
 - **Winter Cycle:** January 15

Letter Writer's Contact Information

First Name: _____ **Last Name:** _____

Title: _____ **Institution:** _____

Email: _____ **Phone:** _____

Permission to send this letter to post-baccalaureate programs? Yes No
Permission to send this letter to Health Professions Scholarship Program? Yes No

Letter Writer's Signature (Please Type) _____
Date

Submission of Letter

The letter of recommendation **AND** this signed waiver form can be submitted via:

- **Email:** Send the letter and waiver form (PDF format highly recommended) to phref@buffalo.edu
- **Via Application:** A prompt will be sent to your email and allow you to upload a letter directly to their application
- **Mail:** Send to Office of Prehealth Advising, Attn: Prehealth Committee, State University of New York at Buffalo, 112 Capen Hall, Buffalo, NY 14260

If you still have questions, please contact Carl Lam, Prehealth Advisor, at 716-645-6012 or by email at carllam@buffalo.edu.

Resources for Writing a Letter of Recommendation

Letter writers seeking clarification on best practices for writing a letter of recommendation can visit <https://www.buffalo.edu/prehealth/committee/letters/info.html>.