



Letters of Recommendation 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 LPS advisor.

APPLICANT INFORMATION *ALL FIELDS TO BE COMPLETED BY APPLICANT*

PENN ID: GRAD YEAR: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

PRONOUNS: _____ 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: _____

PROFESSIONAL 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

WE CANNOT ACCEPT TYPED SIGNATURES

ATTENTION RECOMMENDERS:

Please ensure the letter is on official letterhead, dated, and signed (typed signatures cannot be accepted).

Unless explicitly asked by the student, address all letters generally to the attention of the medical or dental school admissions board (not to Career Services).

PLEASE ATTACH FORM TO LETTER AND SUBMIT VIA EMAIL:

vpul-letters@pobox.upenn.edu

For more information:

<https://careerservices.upenn.edu/advice-writing-medical-school-letters-of-recommendation/>

UNIVERSITY OF PENNSYLVANIA NONDISCRIMINATION STATEMENT

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