

LETTER OF RECOMMENDATION WAIVER FORM



ADAMS HOUSE
OFFICE OF THE DEAN
26 PLYMPTON STREET
CAMBRIDGE, MASSACHUSETTS, 02138-5004
PHONE (617) 495-2260 FAX (617) 495-0331

STUDENTS: complete and give this form to your recommender along with a stamped envelope with the above address.

RECOMMENDERS: complete and sign Section C. (at bottom of page) then attach this form to your recommendation and send both in the pre-addressed, pre-stamped envelope provided by this student. **If the student has waived the right to see your recommendation in Section B. below, please 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 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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