

Request for Letter of Recommendation - Cover Sheet

Date:

AAMC ID:

Applicant Name:

Letter Writer:

_____ (I waive) _____ (I do not waive) my right to see this letter. If "waive" is checked, I waive my right to see this letter under the "Family Educational Rights and Privacy Act (FERPA)." I acknowledge that this letter is for the specific purpose of supporting my application for a residency.

Signed:

Thank you for agreeing to write a letter of recommendation in support of my residency application. This sheet explains the special procedures needed to prepare a letter for ERAS - the Electronic Residency Application Service.

1. Address the letter to "*Dear Program Director*"; individualized salutations are not necessary.
2. Include in the letter whether or not I have *waived my right* to see this recommendation, as indicated above.
3. Include my *name and AAMC ID*, as listed above, in the *subject line or body* of the letter.
4. Print the letter on your *departmental or agency letterhead*.
5. *Attach this sheet* to the letter before sending it.
6. Please send the *original letter of recommendation* to the address below: *

Attn: Shawan Pearson
Department: Office of Student Affairs
School: University of Maryland, School of Medicine
Address: 655 W. Baltimore Street, Suite: M-004
City: Baltimore **State:** Maryland **Zip:** 21201 **Phone:** 410-706-7476

Email: studentaffairs@som.umaryland.edu

* If you prefer to send the letter as a *PDF*, please ensure that the letter is printed on *letterhead* and has a *signature*. Please email it to studentaffairs@som.umaryland.edu with "*LOR*" as the subject line and *include this document* with the letter.

* If I have requested to *pick up* the letter when it is complete, please have the letter and this document in a *sealed envelope* for me to hand carry.