STUDENTS: Please complete the top section of this form and give it to your recommender along with a stamped envelope addressed as above. The letters and the letter recommendation waiver forms may also be sent as PDF files to hovsep@fas.harvard.edu.

Name of Student (print)___________________________________________Class ____

Name of Recommender (print)________________________________________

Purpose of Recommendation __________________________________________

Student’s Consent:
In conjunction with the Family Rights and Privacy Act of 1974, I do hereby give Harvard University and Dunster House permission to release this letter of recommendation to any person or place designated by me, or for use in preparing other letters, such as Dean’s Letters. This consent is to remain in effect until revoked by me in writing.

______________  ____________
Date       Student’s signature

Student’s Waiver:
I ___ waive I ___do not waive any right of access that I may have, as provided by law, to this letter of recommendation.

______________  ____________
Date       Student’s signature

Recommender’s Acknowledgement:
Please sign below indicating your awareness of the student’s choice regarding right of access to your letter of recommendation, enclose this signed form with your letter, and send both in the envelope provided by this student addressed to the Dunster House Office.

Excerpts from your letter may be very useful in composing Dean’s Letters. Please indicate below your signature whether or not you will allow your letter to be quoted in other letters written on behalf of this student.

______________  ____________
Date       Recommender’s signature

I ____ do I ____ do not authorize the use or portions of my letter to be used in Dean’s or House letters of recommendation which may be requested by student.