



## Request for Letter of Recommendation/Cover Sheet

Please attach this sheet to your letter of recommendation with a Paper Clip:

<b>Date:</b>	
<b>Letter Writer:</b>	
<b>Applicant Name:</b>	

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", individual salutations are not necessary. (I would be happy to provide you a list of programs to which I am applying).
2. Include in your letter whether or not I have waived my right to see this recommendation, as indicated below.
3. Print your letter so that it may be scanned and added to my files.
4. Attach this sheet to your letter before sending it, to help my Dean's Office identify your letter with my file.
5. Finally, please deliver the letter to my Dean's Office at the address below.

Thank you for supporting my residency application.

(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 Rights and Privacy Act." I acknowledge that this letter is for the specific purpose of supporting my application for a residency.

Signed: \_\_\_\_\_

### Dean's Office Mailing Address

**Department:** Office of Student Affairs  
**ATTN:** ERAS Recommendations  
**School:** The David Geffen School of Medicine at UCLA  
**Address:** 10833 Le Conte Avenue, Box 951720  
**City:** Los Angeles **State:** CA  
**Zip:** 90095-1720  
**Phone:** (310) 825-6281  
**Fax:** (310) 794-9574