



College of
Osteopathic
Medicine

at Arkansas State University

ERAS 2020JB

Request for Letter of Recommendation (LoR) Cover Sheet

Please attach this cover sheet to the *front* of your letter of recommendation with a paper clip

Date

LoR Author

Applicant Name

AAMC ID

AOA ID

Thank you for agreeing to write a letter of recommendation in support of my residency application.

Instructions for letter writer: Please send/email a copy of the letter of recommendation to my ERAS designated dean's office using the following information:

1. Address the letter to "Dear Program Director"; individualized salutations are not necessary.
2. Include in your letter whether or not I have waived my right to see this recommendation as indicated below.
3. Include my name and AAMC ID or AOA ID, as listed above, in the subject line or body of the letter.
4. Attach this sheet to your letter before sending or emailing it, to help my ERAS designated dean's office identify your letter with my file.
5. Deliver the letter to my ERAS designated deans' 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 selected, 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.

Applicant Signature

ERAS Designated Dean's Office Mailing Address

Name

Email

School

Address 1

City

State

Zip