

Request for Letter of Recommendation (LoR) Cover Sheet

Ple	ease attach this cover sh	eet to the <i>front</i> of yo	ur letter o	f recommen	ndation with a	paper clip	
Date							
LoR A	ıthor						
Applic	ant Name						
AAMC	ID			AOA ID			
This co	you for agreeing to writ over sheet explains the s onic Residency Applicati	special procedures n			•		1.
	ctions for letter writer office for transmission				tion to my ERA	AS designated	d
2. 3. 4. 5. 6. Thank O If "wai	ve" is selected, I waive r y Act (FERPA). I acknov	rovide you a list of powhether or not I have AAMC ID or AOA ID, and it it may be scanned and letter before sended my file. Y ERAS designated described application on to waive the my right to see this letter before sended application on the waive the my right to see this letter before the my right to see this letter and the my right and the my right to see this letter and the my right and the my rig	rograms to waived no as listed a and addeding it, to he ans' offican.	o which I army right to so which I army right to so which I to my files. I to my ERA e at the add see this letter the Family	n applying.) ee this recommoder subject line of S designated of ress below. ter.	mendation as r body of the dean's office Rights and	S
Applic	ant Signature						_
ERAS	Designated Dean's C	Office Mailing Add	ress				
Name	Dean Felicia Bruno	Depa	artment	Student Ser	vices		
School NYIT College of Osteopathic Medicine							
Addre	ss 1 Serota 223	Addı	Address 2 Northern Boulevard				
City	Old Westbury	State	e NY	Zip	11568		