

**Request for Letter of Recommendation/Cover Sheet**

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

<b>Date:</b>	
<b>Letter Writer:</b>	
<b>Applicant Name:</b>	
<b>AAMC ID:</b>	
<b>Desired Residency:</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.

Please send the original letter of recommendation to my designated ERAS Dean's Office for transmission to ERAS using the following information:

1. Address the letter to "**Dear Program Director:**" individualized 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. Include my name, as listed above, in the subject line or body of the letter.
4. AAMC ID is optional.
5. Desired Residency may or may not be used, based upon the specificity of the letter.
6. Print your letter so that it may be scanned and added to my files.
7. Attach this sheet to your letter before sending it, to help my designated ERAS Dean's Office identify your letter with my file.
8. Some schools may accept ERAS letters of recommendation in electronic format. Feel free to contact my designated ERAS Dean's Office at the address below for accepted electronic formats (e.g. PDF).
9. The Registrar's Office does NOT accept ERAS letters of recommendation via Facsimile.
10. Finally, please deliver the letter to my designated ERAS Dean's Office at the address below. For Those to which this applies, inter-office mail is acceptable.

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

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

**Designated ERAS Dean's Office Mailing Address**

Name: Daniel J. Ostin  
 Department: Registrar Office  
 School: Robert Wood Johnson Medical School  
 Address: 675 Hoes Lane, Room TC-111  
 City: Piscataway ST: NJ Zip: 08854  
 Phone: (732) 235-4565  
 Email:\*\* [ostindj@umdnj.edu](mailto:ostindj@umdnj.edu) \*\*

**\*\* NOTE:** ERAS letters of recommendation received via Email, MUST be as a PDF, with Signature!  
 They will be printed and processed along with all other letters received through the mail.