



# Letter of Recommendation Request Form

## GRADUATE ADMISSIONS

4202 East Fowler Avenue, ALN226, Tampa, FL 33620-5816

TEL: (813) 974-8800 FAX: (813) 974-7343

www.admissions.usf.edu

### PROSPECTIVE STUDENT INFORMATION

**Instructions:** Please complete all the prospective student information below. Please make additional copies of this form to each person from whom you are soliciting a letter of recommendation.

USF Graduate Program of Interest: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Last Name

First Name

Middle Name

Street Address / Apt. # \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Telephone Number (please include area code) \_\_\_\_\_

Fax Number (please include area code) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Instructions:** Prospective Student **must** check one of the following items.

- I waive the right provided by the Family Educational Rights & Privacy of 1974 (Buckley Amendment) to view this recommendation in my file at the University of South Florida.
- I do not wish to waive this right and shall retain the right to view this letter at the University of South Florida.

Prospective Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### RECOMMENDER INFORMATION

**Instructions:**

1. Please attach this form to your letter.
2. Enclose in an envelope.
3. Seal and sign across the back of the envelope.
4. Return it to the prospective student or mail it directly to USF Graduate Program or the Graduate Admissions Office.

Name of Recommender (Please Print or type) \_\_\_\_\_