

## Request for Letter of Recommendation (LoR) Cover Sheet

FI	ease attach this cover she	eet to the <i>front</i> of your lett	er of recommi	iluation with a pap	jei clip
Date					
LoR A	uthor				
Applio	cant Name				
AAMC	ID		AOA ID		
Thank	x you for agreeing to writ	e a letter of recommendat	ion in support	of my residency a <sub>l</sub>	pplication.
		: Please send/email a copusing the following inform		of recommendatio	n to my
1. 2. 3. 4. 5.	(I would be happy to pure Include in your letter windicated below. Include my name and A letter. Attach this sheet to you identify your letter with	Dear Program Director"; in rovide you a list of program whether or not I have waiv AAMC ID or AOA ID, as listed ar letter before sending it, h my file.	ns to which I a ed my right to ed above, in th to help my ER	am applying.) see this recomment e subject line or book AS designated dear	ndation as
Thank	x you for supporting my r	esidency application.			
$\bigcirc$	I waive O I do	not waive my	right to see th	nis letter.	
	cy Act (FERPA). I acknow	ny right to see this letter u vledge that this letter is for		-	
Applic	ant Signature				
ERAS	Designated Dean's O	ffice Mailing Address			
Name	Dean Felicia Bruno	Email	fbruno@r	yit.edu	
Schoo	l NYIT College of Oste	opathic Medicine Student Serv	vices		
Addre	ess 1 Serota 223	Address 2	Northern Bo	ulevard	
City	Old Westbury	State N	Z	ip 11568	