

**Request for Letter of Recommendation**

**(Non-ERAS)**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Subject: \_\_\_\_\_

This purpose of this memo is to request for you to write a letter of recommendation (LOR) on my behalf that may be used for various purposes, including application for clinical rotations, scholarships, and in some cases, for application to residency programs. **Please note that the Electronic Residency Application Service (ERAS) requires that only the LOR author or their designee may upload a letter into the ERAS application system. Letters submitted in response to this form will be maintained by the UNTHSC Career Center (Student Affairs) and can only be used with residency applications for services such as the Military Match, San Francisco Match (e.g., Ophthalmology) and other non-ERAS applications. Official requests to upload ERAS letters of recommendation will be student-generated through the ERAS system during the application year (fourth year) of medical school. More information regarding this process, including the ERAS 'LOR Portal,' can be found at: <https://www.aamc.org/services/eras/>.**

**Please send a single copy of the letter of recommendation via your choice of e-mail (preferably PDF), fax, or US Mail to the corresponding address below and in the following format:**

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 a subject line with my full name.
3. Please include in your letter whether or not I have "waived my right" to see this recommendation per the *Family Educational Rights and Privacy Act* (FERPA) as indicated below.
4. Please sign and date the letter (electronic signature is acceptable) and submit on letterhead by the following date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please submit on formal practice/office letterhead, with author's signature (stamp signature okay)***

**\*\*I waive my right to view this letter under the "Family Educational Rights and Privacy Act"**

Select one: ☐ (I request) ☐ (I do not request) **that this letter be confidential**

**Signed (student):** \_\_\_\_\_

**E-MAIL:**

[careercenter@unthsc.edu](mailto:careercenter@unthsc.edu)  
[James.Renfro@unthsc.edu](mailto:James.Renfro@unthsc.edu)

**FAX:**

(817) 735-0448

**US MAIL:**

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Career Center (Student Affairs)  
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