



Request for Letter of Recommendation/Cover Sheet

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

Date:	
Letter Writer:	
Applicant Name:	
SF Match Registration #:	

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 the San Francisco Match.

Please prepare the original letter of recommendation for my application to the San Francisco Match using the following format:

1. Address the letter to "Dear Program Director"; individualized salutations are not necessary.
2. Include in your letter whether or not I have waived my right to see this recommendation, as indicated below.
3. Include my name and San Francisco Match Registration ID number, as listed above, in the subject line or body of the letter.
4. Print your letter on letter head and place in a sealed envelope with your signature across the sealed flap.
5. Finally, please **deliver** the letter to my designated Dean's Office at the address below or contact me at _____ (email) and ask me to pick up the letter.
Please do not use faculty exchange.

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

Signed: _____

Designated Dean's Office Mailing Address

Office of Medical Education
ATTENTION: EILEEN WAYTE
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