

**US Senior 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>	

Thank you for agreeing to write a letter of recommendation in support of my residency application. This cover sheet explains the special procedures needed to prepare a letter for ERAS – the Electronic Residency Application Service.

**Instructions for Letter Writer:** end the original letter of recommendation to my designated ERAS Dean's Office for transmission to ERAS using the following formation:

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
3. indicated below.
4. Include my name and AAMC ID, as listed above, in the subject line or body of the letter.
5. Print your letter so that it may be scanned and added to my files. Or please send this letter in the accepted electronic format (pdf) to [ewayte@bsd.uchicago.edu](mailto:ewayte@bsd.uchicago.edu). (You will need to use an electronic signature on your letter).
6. Attach this sheet to your letter before sending it, to help my designated ERAS Dean's Office identify your letter with my file.
7. Finally, please deliver the letter to my designated ERAS Dean's Office at the address below or send as an email in accepted pdf format.

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.

**Applicant Signature:** \_\_\_\_\_

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

ERAS – Office of Graduate Medical Education  
 ATTENTION: EILEEN WAYTE  
 The University of Chicago Medical Center, MC 7109  
 5841 South Maryland Avenue, Room J141  
 Chicago, Illinois 60637  
 Tel: (773) 834-3757; Fax: (773) 834-3119  
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