

## US Applicant Request for Letter of Recommendation/Cover Sheet

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

**Date:** \_\_\_\_\_

**Letter Writer:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**AAMC ID:** \_\_\_\_\_

**AOA ID:** \_\_\_\_\_

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:** Send the original letter of recommendation to my ERAS designated dean's office for transmission to ERAS using the following information:

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 indicated below.
3. Include my name and AAMC ID or AOA ID, as listed above, in the subject line or body of the letter.
4. Print your letter so that it may be scanned and added to my files.
5. Attach this sheet to your letter before sending it, to help my ERAS designated dean's office identify your letter with my file.
6. Some schools may accept ERAS letters of recommendation in electronic format. Feel free to contact my ERAS designated dean's office at the contact information below for accepted electronic formats (e.g. PDF).+
7. Deliver the letter to my ERAS designated dean's office at the address below.

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 Educational Rights and Privacy Act (FERPA)." 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

Name: Krista Mysock Department: College of Medicine Dean's Office

School: Medical University of South Carolina

Address: 96 Jonathan Lucas Street Address 2: Suite 601

City: Charleston ST: SC Zip: 29425

Phone: 843-792-5862 \*Fax: 843-792-4262 +E-mail: mysock@musc.edu

\* Verify if your school accepts faxed documents before providing a fax number

+ Verify if electronic format (PDF or Word document) is accepted by your school