

# HEALTH PROFESSIONS AND PRELAW CENTER

Indiana University Bloomington ■ University Division ■ Maxwell Hall 010 ■ Bloomington IN 47405  
812-855-1873 ■ Fax 812-856-2770 ■ hpplc@indiana.edu ■ www.hpplc.indiana.edu

## REQUEST FOR RECOMMENDATIONS TO BE SENT

Please allow at least ten (10) business days for processing. Use a separate form for EACH recipient.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (Middle)

UNIVERSITY ID: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Circle Organization below:

AAMC, AADSAS, LSAC # \_\_\_\_\_ YOUR PHONE #: \_\_\_\_\_

### I. Please send the LOR listed below to [check ONE BOX only]:

the following processing service (CIRCLE ONE) --

Med: AMCAS      Law: CAS (LSDAS)      Dent: AADSAS      OTHER SERVICE: \_\_\_\_\_; OR

the following school (if you wish to send your letters to more than one school, attach an additional form for each mailing address):

School name: \_\_\_\_\_

Complete address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

### II. For PREMEDICAL, PREDENTAL and HEALTH PROFESSIONS STUDENTS:

Do you want your faculty composite sent to the above address?      YES<sup>1</sup>      NO

<sup>1</sup>NOTE: If yes, and you do **NOT YET** have a faculty composite in your file, **STOP!** You must **FIRST** request that a composite be created (ask the receptionist for details). Resubmit this form **after** you receive notice that the composite has been created.

### III. LAST NAME of each RECOMMENDER whose letter you would like included in the mailing (including the recommendations in your faculty composite):

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**IV. By signing below you agree to the following:** I have determined that ALL letters, with forms, listed above **are in my file now** and have been properly signed. If not, I understand that this form will be rejected, **NO RECOMMENDATIONS WILL BE SENT**, and I will **NOT** be notified.

I give HPPLC permission to bill my bursar account at Indiana University for any additional charges incurred.

Student

Signature: \_\_\_\_\_

Please notify the Registrar of any address changes.

Office Use Only

Date Sent From Center:

Office Use Only

By: