

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? YES¹ NO

¹NOTE: 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: