



**GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES**

at New Jersey Medical School

**Request for Recommendation Letter**

**Please PRINT all required information**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Student ID# \_\_\_\_\_ Program/Department \_\_\_\_\_

AGREEMENT RESPECTING CONFIDENTIALITY: I waive , I do not waive , my right to access this recommendation under the Family Education Rights and Privacy Act of 1974, 20 U.S.C.A. par 1232g (a)(1).

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Send To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, request \_\_\_\_\_ to write a letter on my behalf to the above third parties. I grant permission for the release of any and all information regarding my enrollment at GSBS.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_