

## Letter of Recommendation Form | institute for health law

**To The Applicant:** You must complete and sign this form and send it to **each** of the persons writing your letters of recommendation.

Statement: I understand that this recommendation will be kept in confidence by the Loyola University Chicago. I understand that the Family Education Rights and Privacy Act of 1974 allows me the option to choose whether I will, or will not, have the right of access to read this letter of recommendation. I understand that the rights I am waiving include but are not limited to, the right to inspect and review this letter, the right to have a copy of this recommendation made for my use, and the right to request an amendment to this recommendation. Accordingly, I choose the following option by checking the appropriate box below.

I waive my right of access to this letter of recommendation. I understand that it shall remain confidential and that I will not have access to read it.

I do not waive my right of access to this letter of recommendation. I understand that I will have access to it if I am admitted to, and actually enroll at, Loyola University Chicago.

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Applicant's Name-Please Print!

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Applicant's Signature

**To The Person Submitting the Letter of Recommendation:** The person whose name appears above has applied for admission to a graduate health law program at Loyola University Chicago School of Law. **Your recommendation should be detailed and include, at a minimum, 1) your assessment of the applicant's critical thinking skills, and 2) his/her aptitude for undertaking graduate legal studies.**

**Please send your letter along with this form to:** Institute for Health Law, Admissions Committee, Loyola University Chicago School of Law, One East Pearson Street, Chicago, Illinois 60611. You may fax [312.915.6212] or e-mail [health-law@luc.edu] your letter, but please remember to simultaneously send the original *with this form* via U.S. Mail. Questions? Please contact us at 312.915.7174. Thank you.

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