

Letter of  
*Recommendation*

This form, or a copy thereof, must accompany all letters of recommendation which are **not** submitted through LSAC, and must have an original signature of the recommender. **Please note: We cannot accept letters of recommendation via fax or email unless submitted by the recommender.**

Name of Applicant \_\_\_\_\_  
(Please type or print clearly)

LSAC account no.   L  

Name of Person requested to provide recommendation \_\_\_\_\_  
(Please type or print clearly)

**TO THE APPLICANT:** This form is to be given to someone who is able to comment on your intellectual capability, writing ability, research skills, logical reasoning, personal achievements, character, and motivation.

I understand that federal legislation provides me with a right of access to this recommendation, which may be waived, and that no school or person can require me to waive this right. Check one of the following:

I agree to waive my right to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_