

## Request for Letter of Recommendation Cover Sheet

Date:	
Letter Writer:	
Applicant Name:	
AAMC ID Number:	

Thank you for agreeing to write a letter of recommendation in support of my residency application. This cover sheet explains the special procedures to prepare a letter for ERAS – the Electronic Residency Application Service.

Send the original letter or email a PDF of the signed original on letterhead to my Dean's Office for transmission to ERAS using the following format:

1. Address the letter to "Dear Program Director;" individualized salutations are not necessary.
2. Print your letter on letterhead and sign it.
3. Alternately, you may prepare the letter in a PDF (be sure it includes letterhead and signature) and email it to [lizferguson@creighton.edu](mailto:lizferguson@creighton.edu).
4. Forward your letter to my Dean's Office at the address below. You may ask me to deliver it to Celeste in a sealed envelope.

*Thank you for supporting my residency application.*

I waive  I do not waive my right to see this letter.

If waived, applicant must sign \_\_\_\_\_

If "waive" is checked, I waive my right to see this letter under the "Family Educational Rights and Privacy Act (FERPA)." I acknowledge that this letter is for the specific purpose of supporting my application for a residency.

### Dean's Office Mailing Address:

Attn: Liz Ferguson  
Creighton University School of Medicine  
2500 California Plaza, Criss III Building, Office 470D  
Omaha, NE 68178

Phone: 402-280-2187  
Fax: 402-280-2599  
Email: [lizferguson@creighton.edu](mailto:lizferguson@creighton.edu)