



2500 North State Street
Jackson, Mississippi 39216-4505

Office of the Vice Dean for
Academic and Faculty Affairs

Phone (601) 984-5006
Fax (601) 815 1861

Request for Letter of Recommendation/Cover Sheet

Please attach this sheet to the front of your letter of recommendation with a paper clip

Date: _____ **Letter Writer:** _____

Applicant Name: _____ **AAMC ID:** _____

Thank you for agreeing to write a letter of recommendation in support of my residency training application. This sheet explains the special procedures needed to prepare a letter for ERAS – the Electronic Residency Application Service. Please send the original letter of recommendation to my ERAS designated Dean’s Office for transmission to ERAS using the following information:

1. **DO NOT TYPE THE FOLLOWING DEAN’S OFFICE MAILING ADDRESS LISTED BELOW** anywhere on your departmental letterhead.
2. Address the letter to **“Dear Program Director.”**
3. Include in your letter whether or not I have waived my right to see this recommendation, as indicated below.
4. Include my name and AAMC ID, as listed below, in the subject line or body of the letter.
5. Type your letter on your departmental letterhead so that it may be scanned.
6. Attach this sheet to your letter before sending it to my Dean’s Office to identify your letter with my file.
7. Finally, please mail or deliver the letter to my Dean’s Office at the address below.

Note: The deadline is Friday, October 9, 2009!

Thank you for supporting my residency application.

_____ **I waive** _____ **I do NOT waive** my right to see this letter

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 training position.

Applicant Signature: _____

ERAS Designated Dean’s Office Mailing Address:

Dian Cannon, Project Manager II
Office of the Vice Dean for Academic and Faculty Affairs
University of Mississippi Medical Center
2500 North State Street – North Wing, N-142
Jackson, MS 39216-4505
Telephone: 601-815-9224 Fax: 601-815-1861

