



MIT Careers Office
 Building 12-170
 77 Massachusetts Avenue
 Cambridge, MA 02139-4307

Phone (617) 253-4733
 Fax (617) 253-8457
 Web address:
<http://web.mit.edu/career/www/>

**Health Professions Credential Service
 Recommender Designation Form
 2009 Application**

First Name: **Last Name:** **AAMC ID Number:**

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Phone: **Email:**

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The following recommenders will submit letters of recommendation to the MIT Careers Office (MITCO) on my behalf for the purpose of application to Medical, Dental, or other Health Related Professions school and Medical Scholarships:

	Names of Reference Writers (in the order you wish them to be submitted to schools)	I waive my rights to this letter	I do NOT waive my rights	Date Received (MITCO use only)
Prehealth Advisor (if assigned)				

Above, I have indicated my decision to waive or not waive my right to obtain or inspect the letters of reference under the terms of the Family Educational Rights and Privacy Act of 1974. I understand these references will be used only for the purposes stated above, and that waiving my rights is not required as a precondition of the evaluation, or for my consideration for admission, or for any other services or benefits.

Signed _____

Printed Name _____ Date _____