

FAMILY/COMMUNITY RECOMMENDATION FORM



UNIVERSITY of ROCHESTER

To the Applicant:

After completing the top portion, give this form to a member of your family or community who you would like to have recommend you to the University of Rochester. **Please see the back of this form for an important privacy notice.**

Legal Name*: _____
Last (Family) First (Given) Middle (Complete) Suffix

**For non-U.S. citizens: write your name exactly as it appears on your passport.*

Address: _____
Number and Street/PO Box Apt. #

City or Town State/Province Zip/Postal Code Country

Date of Birth: _____ **Email:** _____
MM/DD/YYYY

To the Recommender:

Legal Name*: _____
Last (Family) First (Given) Middle (Complete) Suffix

**For non-U.S. citizens: write your name exactly as it appears on your passport.*

Address: _____
Number and Street/PO Box Apt. #

City or Town State/Province Zip/Postal Code Country

Email: _____

Signature: _____ **Date:** _____
MM/DD/YYYY

What are the first words that come to your mind to describe this student?

Recommendation:

Please tell us what you think is important about this student, including a description of academic and personal characteristics. We welcome information that will help us to differentiate this student from others. If you have prepared any other references on behalf of this student, feel free to attach them. Please limit your recommendation to approximately 500 words.

To ensure that this recommendation is reviewed as part of the student's application, please return it to our office as soon as possible.

Office of Admissions, University of Rochester
P.O. Box 270251 • Rochester, New York 14627-0251
admit@admissions.rochester.edu

IMPORTANT PRIVACY NOTICE:

Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (see list at www.commonapp.org/FERPA).
2. You waive your right to access below, regardless of the institution to which it is sent:
 - Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
 - No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Signature: _____ Date: _____