



Associate Dean for Academic Affairs
School of Medicine
2500 North State Street
Jackson, MS 39216

Academic Office: 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’s Name:** _____

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 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 (see below).
4. Include my name and AAMC ID (listed above), in the subject line or body of the letter.
5. Type your letter on your departmental letterhead so that it may be scanned.
6. In order to identify your letter with my file, please attach this sheet to the letter.
7. Finally, please send the letter to my dean’s office at the address listed below.

The Target Date is September 1, 2014!

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 Education 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:

Robyn Herring, Senior Educator Administrator
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University of Mississippi Medical Center
2500 North State Street – North Wing, N142
Jackson, Mississippi 39216-4505
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