

**AZRIELI GRADUATE SCHOOL OF
JEWISH EDUCATION AND ADMINISTRATION**

500 West 185th Street, Belfer Hall 311, New York, NY 10033 (212) 960-0186 (212) 960-0184 (fax)

Request for Letter of Recommendation

TO APPLICANT:

Below, print your name, address, the degree you wish to pursue; then give the form to the person whose recommendation you are seeking (former professor, principal, supervisor or other individual who knows you professionally), with a stamped envelope, addressed to the above.

Name _____

Address _____

Degree Sought _____

Please select one of the following statements below, then print the form, include your signature and submit to the person from whom you are requesting a letter of recommendation.

I authorize the release of a candid evaluation to assist in the admission process of the Azrieli Graduate School. I understand that the material will be kept confidential both from me and the public, and waive any right of access that I might have by law. I further understand that the Azrieli Graduate School does not require me to execute this waiver and is willing to review my application without it.

I authorize the release of a candid evaluation but choose not to waive my right to examine this form should I enroll as a student at the Azrieli Graduate School.

Date _____

Characteristic	Highest		Average	Lowest		Not Observed
	Top 10%	Next 20%	Middle 40%	Next 20%	Bottom 10%	