

**Office of Graduate Programs**

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**Part I: To Be Completed By Applicant**

I, [Click here to enter text.](#) \_\_\_\_\_ do hereby waive my right to inspect any letters of recommendation written  
(*print applicant's name*)  
to UConn School of Law on my behalf by \_\_\_\_\_.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Part II: To Be Completed by Recommender (please attach separate Letter of Recommendation)**

**Dear Recommender:**

The Admissions Committee welcomes recommendations that provide relevant information not found elsewhere in the application materials or that provide an insight into the applicant's interest and capabilities. Please make your letter as detailed and candid as possible. Your letter will be most helpful if you comment on the applicant's law school performance and class rank; specific abilities in writing, research and analysis; career possibilities; and the program he or she intends to pursue. The Committee is interested particularly in your opinion of the applicant's character. Comparisons with other students or graduates of your school would be quite helpful.

In conformity with the U.S. Family Educational Rights and Privacy Act of 1974, we cannot regard letters of recommendation as confidential unless students waive their right to inspect such letters. If you wish the School to keep this information confidential, please have the applicant sign the waiver above. It is entirely the applicant's choice whether or not to waive the right of access to recommendations provided on his or her behalf.

Since your opinion is an important part of the application process, the Committee usually will defer action on the application until receiving your recommendation. To facilitate the application process, we suggest that you send your letter of recommendation and this form to the applicant in a sealed envelope signed across the seal. However, if you prefer, you may mail your recommendation directly to the University of Connecticut School of Law at the address above.

**Name:** [Click here to enter text.](#) \_\_\_\_\_ **Position:** [Click here to enter text.](#) \_\_\_\_\_

**Institution/Business Name:** [Click here to enter text.](#) \_\_\_\_\_

**Street Address:** [Click here to enter text.](#) \_\_\_\_\_

**City:** [Click here to enter text.](#) \_\_\_\_\_ **State:** [Click here to enter text.](#) \_\_\_\_\_ **Postal Code:** [Click here to enter text.](#) \_\_\_\_\_

**Country:** [Click here to enter text.](#) \_\_\_\_\_ **Telephone:** [Click here to enter text.](#) \_\_\_\_\_

**Email:** [Click here to enter text.](#) \_\_\_\_\_

**Are you related to the applicant?**  No  Yes How long have you known the applicant? [Click here to enter text.](#)

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_