UNIVERSITY OF PITTSBURGH SCHOOL OF LAW
PITTSBURGH, PA 15260

Recommendation Form
Certificate in Disability Legal Studies Program

PLEASE INCLUDE YOUR LETTER OF RECOMMENDATION WITH THIS FORM

TO THE APPLICANT: FILL OUT THIS SECTION AND SIGN YOUR NAME

(Name of Applicant) ________________________________________ is applying for admission to the Certificate in Disability Legal Studies Program at the University of Pittsburgh. We would appreciate your views concerning the applicant’s suitability for study in law.

The Family Rights and Privacy Act of 1974 provides that applicants have the right to access to (i.e., are able to read and arrange to purchase a personal copy of) reference letters written after January 1, 1975 unless they choose to give up that right. Prior to submitting this form to a reference writer, applicants must indicate whether they wish to be able to see the letter.

IMPORTANT:

If you check “I do” give up the right of access to this reference letter, the letter must be returned by the recommender to the University of Pittsburgh School of Law directly, or placed in a sealed envelope, with the recommender’s signature written across the seal and given to you to return with your application.

If you check “I do not” give up the right of access to this reference letter, the letter may be returned by the recommender directly or given to you to return with your application.

Letters received which do not have the following choice indicated and signed by the applicant will be treated as ‘non-confidential’ and will be available to be reviewed by the applicant.

I DO __________   DO NOT __________ give up the right of access to this reference letter.

Applicant’s Signature __________________________________________

TO THE REFEREE: COMPLETE THIS SECTION AND ATTACH YOUR LETTER OF RECOMMENDATION

I rank this student in the top __________% of approximately __________ students I have taught in __________ years.

OR

I rank this employee in the top __________% of approximately __________ employees I have supervised in __________ years.

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<th>UPPER 10% BUT NOT UPPER 1 OR 2%</th>
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_____________________________________________ _____________________________________________ ___________________
Signature Name (Typed or Printed) Date

______________________________________          ____________________________________          ________________          ________________
Position Institution

__________________________________          ____________________________________          ____________________          ____________________
Address City State Zip Code