



UNIVERSITY OF ILLINOIS SPRINGFIELD
Request for Letter of Recommendation

DEADLINE: March 1

NAME OF APPLICANT _____
(last) *(first)* *(middle initial)*

I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Educational Rights and Privacy Act.

Applicant Signature *Date*

On a separate page, please evaluate the applicant's capability for graduate study and for work as a Legislative Staff Intern in the Illinois General Assembly.

Your letter and this form should be mailed directly to:

Illinois Legislative Staff Intern Program
University of Illinois Springfield
One University Plaza, MS PAC 451
Springfield, IL 62703-5407
Phone: (217) 206-6579
Fax (217) 206-7397



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