UNIVERSITY OF ILLINOIS SPRINGFIELD
Request for Letter of Recommendation

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.

__________________________________________ Date
Applicant Signature

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

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.