



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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