

**THE UNIVERSITY OF WISCONSIN LAW SCHOOL**

**GRADUATE ADMISSIONS OFFICE**

975 Bascom Mall Madison, Wisconsin 53706-1399 U.S.A. tel. 608/262-9120 fax 608/265-2253 gradprog@law.wisc.edu

**To the Applicant:** Please print your name and sign one of the two statements below.  
**Then give this form to your Recommender.**

Applicant's Family Name (print) First or Given Name  
*I waive my right of access to this recommendation letter and understand that I will not be able to see it under any circumstances.*

signature date

*I do not waive my right of access to this recommendation letter.*

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**To the Person Writing this Recommendation Letter:**

The letters of recommendation are of great importance in evaluating the application to our Graduate Program, and the Graduate Programs Committee appreciates your thoughtful comments on this applicant's abilities.

Please write on the **official letterhead stationery** of your school (or company). **ATTACH THIS FORM TO YOUR LETTER.** Your letter should be dated, and signed by you. Either mail your letter directly to the Law School at the above address or give your letter and this waiver in a sealed envelope to the applicant. Our review of this applicant's file can not begin until your letter is received, so we thank you for your prompt response.

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