Tulane University
LAW SCHOOL

NAME _____ **SOCIAL SECURITY NUMBER** ____-____-_____ A-9

LSAC ACCOUNT NUMBER L_____

LETTER OF RECOMMENDATION

Tulane Law School
John Giffen Weinmann Hall
6329 Freret Street
New Orleans, LA 70118
tel 504.865.5930 *fax* 504.865.6710
admissions@law.tulane.edu
www.law.tulane.edu

Note: If you are using the LSAC Letter of Recommendation Service, do not use this form. If, however, you do not plan to use the LSAC Letter of Recommendation Service, you will need to print out this form. It will not be transmitted electronically.

Note to candidate: We strongly urge that letters be submitted through the LSAC Letter of Recommendation Service, included in your Credential Assembly Service (CAS) registration. However, if a recommender prefers to write directly to Tulane Law School about your qualifications specific to Tulane, he or she may do so by using this form or by using his or her own letterhead accompanied by this form. In order to be considered, letters must contain the author's verifiable name, title, address, telephone number, and signature, and each letter should indicate whether or not the candidate has waived access to it. Use of this form is optional. If you wish to use this form and need additional copies, please photocopy this one.

If you intend to use this form, complete Part I below, including the information about your recommender. Bring the form to your recommender, who may return the completed form to you in a sealed envelope, signed across the seal, or who may mail it directly to the Tulane Law School Office of Admission. Remember, use of the LSAC Letter of Recommendation Service is preferred.

Part I.

Candidate's Name: _____
First *Middle* *Last (Family surname)*

Address: _____
Number, Street and Apartment

_____
City, State (2 letter abbrev.), if USA (Country, if not USA) and ZIP Code

I understand that federal legislation provides me with a right of access to this form which may be waived, but that no school or person can require me to waive this right.

A. ☐ I hereby waive my right of access to this form and/or any attachments and authorize the person identified below to provide a candid evaluation to Tulane Law School.

_____ _____
Candidate's Signature *Date*

B. ☐ I do **not** waive my right of access to this form, and/or any attachments, but I authorize the person identified below to provide a candid evaluation to Tulane Law School.

_____ _____
Candidate's Signature *Date*

Name of Recommender: _____

Recommender's Address: _____

_____
City, State, if USA (Country, if not USA) and ZIP Code

Telephone number: _____ Fax number: _____

Recommender's e-mail address: _____

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Part II.

To the recommender: Please provide an evaluation of this candidate, based on your personal experience with him or her, relevant to the candidate's ability to succeed in law school. You may use the space available on this form, or attach a letter written on your own letterhead. The letter may be returned to the candidate in a sealed envelope, signed by you across the seal, or may be mailed to us directly at the address at the top of the form.

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If you wish to charge the application fee through Tulane rather than through LSAC, you will need to complete, print out, and mail this form to Tulane along with the Certification Letter. It will not be transmitted electronically.

CREDIT CARD PAYMENT FORM

Applicant Name _____
First *Middle* *Last (Family surname)*

Applicant Social Security Number ____-____-_____

Applicant Telephone Number ____-____-_____
Area Code *Phone Number*

Type of Card: ☐ VISA ☐ MASTERCARD (Check one)

Charge Amount: $60 [X] APPLICATION FEE

Card Number _____

Expiration Date _____
MM/YY

Cardholder's Name _____

Cardholder's Address
(if different from Applicant) _____
Number, Street and Apartment

_____
City, State (2 letter abbrev.), if USA (Country, if not USA) and ZIP Code

Cardholder's Signature X_____

FOR OFFICE USE ONLY

Date processed: _____ Transaction No.: _____

Initials: _____ Approval Code: _____