

MHC STUDENT REQUEST
FOR RECOMMENDATIONS TO BE SENT

Student Name: _____ Class of: _____

Student Signature: _____

Current Address: _____
Street City State Zip

Date: _____ Phone: _____ Email Address: _____

CIRCLE ONE: (Internship) (Employment) (Grad School) (Law School) (Scholarship/Fellowship)

(Medical School – *must provide SSI# & AMCAS#*) - SSI# _____ AMCAS# _____

Other _____

List the name of each person whose reference you want sent and date written if known. Please include complete addresses and zip codes. Should you have more than one reference written by the same recommender, please indicate which letter you wish to be sent, otherwise we will send the most recent letter. **There is no charge for Undergraduates. By completing this form, it is understood by the student/alum that all future requests must go through Interfolio. To establish an account with Interfolio, please visit their website at www.interfolio.com. Your existing file at the CDC will be closed and destroyed to protect your privacy.**

Alumnae: Please render payment along with your request (\$5.00 per packet/envelope sent). Acceptable forms of payment are cash, check (made payable to Mount Holyoke College) or via Paypal direct transfer or credit card payment (log onto www.paypal.com for instructions on how to open an account. Send money to our Paypal account at cdc-credentials@mtholyoke.edu). Payment must be received before your request can be processed.

Please type or print legibly.

LIST RECOMMENDER(S) & DATE(S) OF LETTER: SEND TO (LIST FULL ADDRESS):

1 _____
2 _____
3 _____
4 _____

LIST RECOMMENDER(S) & DATE(S) OF LETTER: SEND TO (LIST FULL ADDRESS):

1 _____
2 _____
3 _____
4 _____

Please indicate if references are to be mailed directly to addressees supplied or if references are to be picked up in person. Should you choose to pick up your references in person, appropriate I.D. is required.

_____ Direct _____ Picked Up

NOTE: IT IS A VIOLATION OF THE MOUNT HOLYOKE HONOR CODE TO ACCESS LETTERS OF RECOMMENDATION THAT HAVE BEEN WAIVED.

LIST RECOMMENDER(S) & DATE(S) OF LETTER: SEND TO (LIST FULL ADDRESS):

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3 _____	_____
4 _____	_____

NOTE: *Please provide your phone number and email address in the event we have questions. Should you choose to fax (413-538-2081) your request, please be sure to use dark pen or type and print legibly.*