



**Career Services**  
**Trinity College: Hartford, CT**

# Letter of Recommendation Request Form

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Date: \_\_\_\_\_ Class Year: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ AAMC ID (for Medical School): \_\_\_\_\_

School/Employer (Name & Address)	Recommendations to be Sent
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Special Notes:

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Special Notes:

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Special Notes:

***Please Check Your Addresses Carefully & Allow 10 Business Days for Processing.***

Send request to:  
**Career Services Office**  
**Trinity College, 300 Summit Street, Hartford, CT 06106**  
**FAX: 860/297-5378 or EMAIL: [career-services@trincoll.edu](mailto:career-services@trincoll.edu)**

School/Employer (Name & Address)	Recommendations to be Sent
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Special Notes:

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Special Notes:

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Special Notes:

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Special Notes:

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Special Notes: