

**DEPARTMENT OF MEDICINE  
RECOMMENDATION LETTER REQUEST**

**Please write legibly!**

**Name:** \_\_\_\_\_

\*Please indicate your preference of for Departmental letter writer below.

**Fellowship (subspecialty):** \_\_\_\_\_

Dr. Bremner                       Dr. Broudy                       Dr. Martin

**Residency (specialty):** \_\_\_\_\_

Dr. Wallace                       Dr. Wipf

**Practice:**

Dr. Wallace                       Dr. Wipf

*\* While every effort will be made to accommodate your preference, on occasion it may be necessary to assign a different letter writer.*

**First deadline (Location/Date):**

\_\_\_\_\_

Please provide your letter writer with a complete list of institutions and accurate mailing addresses. At least two weeks notice is required to meet with you, review your file, and prepare your letter.

**Release of Information**

I authorize access to my resident file including evaluations and confidential letters of recommendation for the purpose of preparing a Department of Medicine letter of recommendation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Remember to include a CURRENT CV.\*\***

**Return to:**

**Medicine Residency  
University of Washington  
Box 356421**