


## Reference Letter

NIH 2674-13

Application Tracking Code *	<input type="text"/>
Referee Name: *	<input type="text" value="Your First Name"/> <input type="text" value="Your Middle Name"/> <input type="text" value="Your Last Name"/>
Referee Email Address *	<input type="text"/>
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Referee Position Title *	<input type="text"/>
Reference Letter *	<div><input type="text" value="Enter Text"/></div> <p>Please type or paste reference letter text into the box. For ease, you may draft the letter in a word processing program such as Microsoft Word and copy the text into the space provided. <a href="#">Click here for additional guidance regarding reference letters.</a></p> <p><input type="button" value="PREVIEW"/></p>
<p><input type="checkbox"/> <b>By checking this box, I certify that I am submitting the above reference letter on behalf of an applicant to the NIH LRP and that I am providing my electronic signature of this document. I understand that my electronic signature is intended to be the legal equivalent of my handwritten signature.</b></p> <p><input type="checkbox"/> <b>By checking this box, I understand this reference letter will be used by NIH officials during the review of the individual's application to help determine the applicant's eligibility/suitability for participation in the LRP, and that this letter shall be held in confidence and is protected from unauthorized disclosure according to the Privacy Act System of Records #09-25-0165 (see Confidentiality and Privacy Act Notice).</b></p>	
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Page Last Updated on March 17, 2015

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