

Letter of Recommendation Request Form

Requires a 2-week prior notification (excluding holidays)

Write neatly and fill the form out completely

Student Name _____ ID# _____ Grade _____

Date Submitted to Counseling Office _____

Date Letter is Needed _____

Purpose of the Letter (check all that applies):

_____ general recommendation letter to be used for multiple purposes

_____ college admission—Name of college _____

_____ Scholarship—Name of scholarship _____

_____ Award—Name of award _____

_____ Work—Name of work _____

_____ Other _____

Number of original/signed letters requested _____

How will you get the letter:

_____ student pick up

_____ mailing address _____

_____ scanned and emailed _____

_____ other _____

Student Signature _____

By signing this I acknowledge that educational information may be released to the organization being requested. It is the student's responsibility to pick up the letter on or after the required date.

*****Office Use Only*****

Date Received in Counseling Office _____ Authorized Representative Initials _____

Date Letter Completed _____