

LETTER OF RECOMMENDATION REQUEST FORM

NAME: _____ Student ID#: _____

EMAIL: _____ CELL PHONE: _____

COUNSELOR: _____

Instructions to writer: ☐ Common App, SENDedu, or other online application

☐ Please mail to the following address (attach a stamped/addressed envelope)

Address this letter of recommendation to: _____

GPA _____ Rank _____ ACT Score _____ SAT score _____ AP Scores _____

Pre-AP classes taken

AP Classes taken(taking)

Classes toward career interest:

School Activities and Athletics that you have participated in (please include any offices held, varsity, etc.):

Activities and Community Service that you have participated in outside of school:

1. My family background is (i.e., are you the 1st to attend college)

2. My goals are (intended major, career goals)

3. These goals are important to me because

4. The activity (Non-School related) that has been the most rewarding to me is ____

5. My special talents are

6. The accomplishments that I am most proud of are

7. The things I do for fun and relaxation are

8. My greatest strength is

My greatest weakness is

9. One of my fondest memories is

10. The five (5) adjectives that best describe me are:

1)_____

4)_____

2)_____

5)_____

3)_____

11. Please write if there are any extenuating circumstances or any additional information the writer of your letter needs to be aware of.

*****MAKE COPIES FOR YOUR FILE FOR FUTURE REQUESTS*****
ATTACH YOUR RESUME

REQUEST A LETTER WELL IN ADVANCE OF THE DEADLINE, THE WRITER SHOULD
HAVE A MINIMUM OF 2 WEEKS TO WRITE A LETTER. WRITE A THANK YOU NOTE.

I GIVE MY PERMISSION TO RELEASE THIS INFORMATION SO THAT
A LETTER OF RECOMMENDATION MAY BE WRITTEN:

Student Signature: _____ Date: _____