

COUNSELOR RECOMMENDATION
REQUEST FORM
FOR COLLEGES AND UNIVERSITIES



Name: _____ ID Number: _____

Counselor: _____ Cell Number and Carrier: _____

**TWO TASKS NEED TO BE COMPLETED FOR A LETTER OF
RECOMMENDATION FROM YOUR COUNSELOR:**

Task 1: Complete and submit this form to your counselor’s secretary to ***officially*** request a letter of recommendation from your counselor for a college or university.

Task 2: Log in to your SchooLinks account and list all colleges / universities you intend to apply to in the “College Application” section. By doing this, you have granted permission for your counselor to upload and send your letter of recommendation to all colleges / universities on your list that accept a letter of recommendation.

If applying directly to a college or university:

_____ I have listed all of the schools I intend to apply to directly through the college or university in the SchooLinks “College Application” section.

_____ I have completed my questionnaire for my counselor’s Letter of Recommendation.

If applying via the Common Application:

_____ I have listed all of the schools I intend to apply to through the Common Application in the “My Colleges” section of the Common Application.

_____ I have completed my questionnaire for my counselor’s Letter of Recommendation.

*My signature below indicates that I understand that my counselor requires a **minimum four-week turn-around time** for letters of recommendation and other application materials.*

For Office Use Only:

Student Signature

Date