

REQUEST FOR LETTER OF RECOMMENDATION FORM

Basic Info (Please fill out all of the material below)

Name: _____

Date of Request: _____

Date Needed: (please provide a minimum of two weeks notice) _____

How do you want to delivered? (sealed envelope, number of copies) _____

Discuss the timeline with the staff member when giving them this form.

Intent of letter (College application, scholarship): _____

Who should the letter be addressed to? _____

5 words that describe you: _____

Specific examples within the classroom that set you apart from your peers (at least 2):

Intended major: _____

GPA or class rank: _____

School activities: _____

Community activities: _____

Awards or recognitions: _____

Attach resume

Please note

Teachers may contact colleges or scholarship committees to rescind a letter of recommendation at any time if the student neglects to uphold the traits described in the letter.