

# COUNSELOR RECOMMENDATION/SCHOOL REPORT REQUEST FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Colleges/Universities where you would like this sent (list more on back):

- \_\_\_\_\_ Deadline: \_\_\_\_\_
- \_\_\_\_\_ Deadline: \_\_\_\_\_
- \_\_\_\_\_ Deadline: \_\_\_\_\_
- \_\_\_\_\_ Deadline: \_\_\_\_\_
- \_\_\_\_\_ Deadline: \_\_\_\_\_

Materials should be submitted (check one):

\_\_\_\_\_ By Mail                      \_\_\_\_\_ Electronically                      \_\_\_\_\_ Common App

List of Junior Year Teachers:

_____	_____
_____	_____
_____	_____
_____	_____

**\*\*Allow 4-6 weeks for your recommendation to be completed\*\***

### Please attach the following to this form:

1. Academic Resume or list of high school activities/achievements AND
2. Counselor Recommendation Form or Secondary School Report

#### OFFICE USE ONLY

Date Submitted: \_\_\_\_\_

<u>Requested</u>	<u>Completed</u>
___ General Form Info	___ General Form Info
___ Transcript	___ Transcript
___ Schedule	___ Schedule
___ Profile	___ Profile
___ Faculty Remarks	___ Recommendation Written

Submit this form to Ms. Hoffman at  
[ahoffman@bentonvillek12.org](mailto:ahoffman@bentonvillek12.org) or  
drop off in the South Building  
Counseling office.