

# Letter of Recommendation Request Form



**RECOMMENDATIONS REQUIRE a FOUR week advance notice!!!!**

Recommendation Requested from: \_\_\_\_\_  
(Circle)    Teacher    Counselor    Employer    Administrator    Other

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Date Needed: \_\_\_\_\_

Recommendation Letter to be forwarded to the following: (give name and address)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide the following information in order for this recommendation to be completed and **COMPLETE STUDENT INFORMATION ON BACK OF THIS FORM!!!**

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MAJOR/MINOR/GOALS/INTERESTS in pursuing College/University:

LIST SKILLS/PERSONAL QUALITIES/ATTRIBUTES AS A STUDENT:

LIST HONORS/AWARDS EARNED:

CHURCH/FAMILY HISTORY/DATA that would be helpful/pertinent:

SCHOOL CLUBS/SPORTS/LEISURE TIME ACTIVITIES/WORK EXPERIENCE:

FUTURE GOALS:

OTHER HELPFUL INFORMATION you would like included: