

LETTER OF RECOMMENDATION REQUEST FORM

Instructions: Please fill this form out completely and give to teacher at least two weeks before the letter is needed.

First Name: _____ Last Name: _____ Grade: _____

Date of Request: _____ Date Due: _____ (*Allow 2 weeks*)

Please select one of the following options:

- This is the **first request** for a letter from this teacher. I have filled out this form in its entirety and have included the envelopes and forms necessary for the teacher to complete this request.
- This is a repeat request – I have filled out everything **above the dotted line** on this form, signed it, and have included the envelopes and forms necessary for the teacher to complete this request.

School(s)/Program(s) to which you are applying: _____

Area of focus for the letter (i.e. writing, leadership): _____

How are you familiar with this teacher/faculty member? _____

Please list some of your accomplishments outside of the classroom that could be used in the letter of recommendation (attaching a more detailed sheet would be best):

This letter of recommendation will be used for: (*Mark all that apply*)

____ College Admissions Application ____ Scholarship Application ____ Resume/Job Application

____ Other (*Please explain*) _____

Student Signature: _____ Date: _____