

Request for Recommendation Form

Student Name: _____ Grade: _____

Type of Recommendation Requested:

College Summer Program/Employment

Scholarship Other

Name: _____

Attention: _____

Address: _____

Activity Sheet Attached w/Request: _____

Stamped Addressed Envelope: _____

Date Requested: _____

Date Needed By: _____

Date Completed: _____

Guidance Counselor's Initials: _____

(Please Allow 48 Hours between request and date needed)