

REQUEST FOR TEACHER/COUNSELOR/SCHOOL RECOMMENDATION

NAME: _____ DATE: _____

COUNSELOR/TEACHER: _____

In order that I may write the best possible letter of recommendation for you, requests **MUST BE MADE** at least **THREE WEEKS FOR THE COLLEGE OFFICE AND TEN SCHOOL DAYS FOR TEACHERS** before deadlines.* A copy of your **resume and a stamped envelope must accompany** the request given to a teacher. Thank you for your cooperation. This recommendation is for:

COLLEGE ADMISSION () SCHOLARSHIPS () OTHER (please specify) ()

Deadline Date: _____
This is the date the recommendation must be mailed.

Address: _____

Special Instructions: _____
Teacher to mail or College Office to mail.

****Special Deadlines: December 1** for anything that must go out before Christmas, or anything with a **January 1st** deadline. **February** deadline must be in 1st day following Christmas break.

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