

Due Date _____

LETTER OF RECOMMENDATION REQUEST

Complete this form and give to the person writing the letter of recommendation **at least 2 weeks prior** to the due date. It is strongly recommended that you attach a resume so that the person writing the letter has a better understanding of all your accomplishments.

To: _____ (Name of person writing the letter)

From: _____ (Your name)

Purpose of letter: _____ College Admissions _____ Scholarship _____ Job Application

I am asking that you:

_____ Write a letter of recommendation addressed to: _____ (or) _____ Complete the attached form

Name: _____

Address: _____

City, State, Zip: _____

Specific information (academic strengths and personal achievements) to be mentioned in the letter (please include a resume as well)

Upon completing the recommendation, please

_____ Mail directly to the address above using the attached, stamped envelope by this date: _____

_____ Return to student in attached envelope sealed with signature written over the seal by
this date: _____

_____ I waive my right to inspect my recommendation prior to it being mailed. (Most common option)

_____ I want to read my letter prior to sending it. (Uncommon to select this option)

_____ (Student Signature) _____ (Date)