

## Student Request for Letter of Recommendation

Student Name: \_\_\_\_\_ Date to Return Completed Letter: \_\_\_\_\_

***Please allow 7 to 10 business days for letter to be completed.***

Teacher's Name Writing Letter: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name of College or Organization: \_\_\_\_\_

Purpose of Application (College Admission or Scholarship): \_\_\_\_\_

\_\_\_\_\_

Point of Contact: \_\_\_\_\_

Address to Which to Send Letter to:

\_\_\_\_\_

List Classes with Teacher: \_\_\_\_\_

List Activities with Teacher: \_\_\_\_\_

Items Student Would Appreciate in Letter:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specifics Required by School or Scholarship Organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a list of accomplishments** including extra-curricular activities and community service work.