RECOMMENDATION REQUEST FORM

Complete this form and present it to each teacher from whom you request a letter of recommendation.

1. Name _____
2. Classes that I've taught you and other capacities that I know you in (ie. sports, STUCO, etc.)

   _____
3. Extra-curricular activities in school _____

   Outside school _____
4. Hobbies or interests _____
5. Awards _____
6. Your career goal _____
7. Favorite class and why _____
8. Strengths of yours, things you'd like mentioned or emphasized in a letter of recommendation

   _____

   _____
9. Area of weakness which you're trying to improve _____
10. Anything you've done or a characteristic of yourself that you're proud of _____

    _____
11. If you're applying to college, what is your intended major? _____
12. Where are you planning to go for college? _____
13. I need _____ copies of your letter of recommendation.

RECOMMENDATION WAIVER

To the applicant: Please complete this portion of this form and give to a teacher who has taught you an academic subject. Print or write in block letters.

Name _____
first middle last

Date of birth: _____/ _____ / _____ Social Security number | _ | _ | _ |-| _ | _|-| _ | _ | _ | _ |
month day year (if you have one)

1974 Family Educational Rights and Privacy Act
This Teacher Recommendation form will become part of your application file. It will be used only for the purposes specifically intended. If you matriculate at a U.S. college/university, you will be granted access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below.

I have read the information above and hereby waive, do not waive my right of access to this document.

Signature: _____ Date: _____