

Request for Letter of Recommendation for _____

Letter of Recommendation must be addressed to: _____*

Information Release Authorization

I understand that it is my responsibility to request any and all letters of recommendation. My signature below authorizes release of my letter of recommendation.

Student Signature

Date

Parent Signature (if student is under 18)

Date

Criteria for scholarship (or attach copy of scholarship)

CAREER GOALS

CLUBS AND SERVICE ORGANIZATIONS

ATHLETICS

COMMUNITY AND OTHER ACTIVITIES

HONORS AND/OR AWARDS

EMPLOYMENT RECORD

SPECIAL INTERESTS AND HOBBIES

SKILLS AND SPECIAL TALENTS

COURSES TAKEN RELATIVE TO CAREER PLANS (OR COLLEGE PREP)

DATE NEEDED (GIVE ONE WEEK NOTICE) _____