

Recommendation Request Form

Date _____

Student's Name _____

Is requesting this recommendation from: _____

Relationship to student: _____
(Ex. English Teacher - Junior Year or Softball Coach - 3 yrs)

This form is to be completed by the student and given to the teacher/coach/advocate for each recommendation requested. The recommendation writer should sign or initial the form at the bottom and return it to the Guidance Office with the signed recommendation. If you wish, you may email your recommendation to Scotti Piller and she will print it on school letterhead and return it to you for signature. If asked to send the recommendation directly to the institution, the writer should return the form to the SCS Guidance Office as soon as the recommendation has been mailed.

Institution or Scholarship _____

Contact Person _____

Mailing Address _____

Other colleges/universities applied to or intend to apply to: _____

I selected you to write this recommendation because _____

I think my strengths in your class are/were _____

Check one of the following and fill in the date, which should be at least two weeks after the date this form is given to the recommender:

- Return to the student by _____
- Send recommendation to the SCS Guidance Office by _____
- Send recommendation directly to the college/university by _____

This portion to be completed by individual writing recommendation.

Signature of individual writing recommendation _____

- Date returned to student _____
- Date sent to address listed above _____
- Date returned to SCS Guidance Office _____