

Recommendation Letter Request Form

Please print your information below:

Student Name _____

Name of School/Scholarship: _____

Date Request is Submitted: _____

Date Needed: _____

Select your counselor:

- ☐ A-H Ms. Sanborn
- ☐ I – S Ms. Williams
- ☐ T – Z Ms. Meadows

Note:

- Allow **two weeks** for processing the Counselor forms and letters of recommendation.
- It is the **student's responsibility** to deliver and pick up forms and letter information needed for completing a college application.
- The envelope with forms or recommendations should stay sealed to maintain official status before mailing.
- For College applications with a ranking evaluation, the student needs to have three teachers complete an evaluation that the **Teacher gives** to the Counselor before the forms can be completed.

Required:

A resume or activity sheet must be attached to this form before a letter of recommendation can be written.

The **Student Signature** indicates that the recommendation/forms were picked up. The signature also grants permission for **Loganville High School** to release personal information contained in the student's records to employer's, educational institutions and foundations for the purpose in assisting the student to obtain college admission, fellowships, and/or scholarships.

Signature _____ Date _____

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For Counseling Office Use:

_____ Date letter/forms are completed

_____ Date student picks up