**Teacher Recommendation Request Form**

**Ohatchee High School**

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| **Directions For Student** (1)Complete one form for each teacher from whom you are requesting a recommendation. (2)Form should be turned into teacher at least 3 weeks prior to deadline. ***Remember, a lack of planning on your part, does not constitute an emergency on the teachers part.*** (3)List all colleges/universities or programs to which you wish to send a recommendation. (4)If applicable, include a stamped business size envelope addressed to the college. (5)Remember to read and sign the bottom of this form. (6)Check back with the teacher to see if any other information is needed.(7)Remember to thank the teacher and notify him/her on the outcome of your application.  |

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last Name) (First Name) (M.I.)

Name of College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Address: (Admissions Office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip)

Request is for: (check) \_\_\_\_\_ College Admissions Application

 \_\_\_\_\_ Scholarship Application

 Name of Scholarship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deadline for Recommendation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  **Directions For Teacher** (1) Please write a recommendation letter for the student. (2) Please mail it in with the attached stamped addressed envelope(s) to the college(s), universities(s) employer(s), or scholarship program(s) listed above on or before the due date **OR** return to student so letter can be placed with other paperwork. (3) Please give student a date in which you would like them to pick up letter.  |

 **STUDENT: PLEASE READ AND SIGN**

In accordance with the Family Educational Rights & Privacy Act of 1974, I have indicated my intention regarding access to these reports by checking one of the following options:

\_\_\_\_ I waive access to this report, which shall therefore be considered confidential.

\_\_\_\_ I do not waive access to this report.

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_