

Letter of Recommendation Request Form

Date: _____

Dear _____,

I would be honored if you would write me a letter of recommendation. I need this recommendation for the following:

College/Scholarship Name

Addressed To

Please have this letter of recommendation completed by _____ so

(min. 2 weeks from Date of request)

that it will arrive by the deadline given by the institution.

- I have attached a copy of my Academic Resume / Recommendation Questionnaire for additional information.
- My counselor has a copy of my Academic Resume / Recommendation Questionnaire on file.
- Return this letter to my counselor, _____.
Counselor's Name
- Please send this letter in the attached, enclosed, stamped, envelope and mail.
- You may hand the letter to me in a sealed envelope.

Thank you for your time and effort.

FROM: _____