

For Office Use Only:

Date Received by Counselor _____

Date Sent by Counselor _____

RECOMMENDATION REQUEST FORM

Student Name _____

Student ID # _____

Note 1

Request for Recommendation Letters must be brought to the counseling office AT LEAST 10 BUSINESS DAY PRIOR to the deadline for mailing the recommendation.

Note 2

****Recommendation will not be written until this form and your Senior Profile sheet has been returned to your counselor****

Note 3

****You may submit this request while you are working on completing your application****

Sr. Profile sheet is attached

Name of School/Organization: _____

Address of School Admission Office/Organization

Web Address: _____

Application Deadline ____/____/____

Transcript Requested (Circle) Yes No

How was your transcript requested? (Circle) GA Futures Scriborder

Ga Futures website: www.gafutures.org

Scriborder website: <https://pauldingga.scriborder.com/>

College Recommendation Form Included (Circle) Yes No, form not required

(Check College Website for Recommendation Form vs. Free-Form Letter needed)

I request that the Hiram High School Counseling Office send a letter of recommendation to the above school/organization.

Student Signature: _____ Date: ____/____/____

Student Email: _____