HIGH SCHOOL OF AMERICAN STUDIES AT LEHMAN COLLEGE
2925 Goulden Ave.
Bronx, New York 10468

Teacher Letter of Recommendation Request Form

Student: Attach stamped addressed envelopes for each college. Complete this entire form except for your teacher's signature and date at the bottom. Some teachers require one form per college.

_____ _____
(Recommending Teacher's Name) (Student's Name)

_____ _____
(Student's overall GPA) (Student's SS#/Date of Birth)

College Information

College Name	Application Deadline
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List courses (and grade) taken with teacher who you are requesting a recommendation from.
Use only one form per teacher.

Course taken	Grade in course
_____	_____
_____	_____

List your activities:

_____
_____
_____
_____
_____
_____

Date request submitted to teacher_____

____ YES, I ***do*** waive my right to access, and I understand I will never see this recommendation.

____ NO, I ***do no***t waive my right to access and may someday choose to review this recommendation if the institution at which I'm enrolling saves it after I matriculate.

_____
Signature Date

(Receipt to be returned to student mailbox upon mailing)

I_____have requested that my
(Student's Name)

Teacher_____write a college letter of
(Teacher's Name)

Recommendation.

The Recommendation will be mailed by the teacher directly to the college.

_____ _____
(Teacher's Signature) (Date mailed to college)