

**JOHN BAPST MEMORIAL HIGH SCHOOL
GUIDANCE SERVICES
REQUEST FOR LETTER OF RECOMMENDATION**

NAME OF STUDENT: _____

NAME OF COUNSELOR: _____

NAME OF TEACHER
RECEIVING REQUEST: _____

DATE OF REQUEST: _____

DATE NEEDED: _____

COLLEGE/ORGANIZATION
LETTER WILL BE SENT TO: _____

COLLEGE MAJOR (if known): _____

TEACHER FORM FROM
COLLEGE APPLICATION
ATTACHED: ___yes ___no ___N/A

OTHER REMINDERS OR
REQUESTS: