



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

[www.hsas-lehman.org](http://www.hsas-lehman.org)

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## **Requesting High School Transcripts and Letters of Recommendation for Internships/Jobs and Non College Purposes**

**Freshmen, sophomore, and junior students** who need transcripts and/or letters of recommendation for scholarships, academic programs and employment purposes are required to fill out a non-college transcript request form (TEAL) which can be obtained in the guidance office. **HSAS requires a 10 school day processing time for such requests so documents may be processed in a timely manner and deadlines can be met.**

If a letter of recommendation is required by a Guidance Counselor please inform Ms. Harris. If a teacher letter is required please contact your teacher directly for further instructions.

High School seniors, when applying to college in fall of senior year will follow a set of outlined procedures distributed by the guidance department in spring of the junior year and again in fall of the senior year. College application procedures are updated as necessary and posted on the school website, and through bulletins throughout senior year.

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TEN SCHOOL DAYS ARE REQUIRED TO PROCESS THESE REQUESTS

TRANSCRIPT and LETTER OF RECOMMENDATION request/receipt for Scholarships,  
Internships and Summer Programs

STUDENTS: Use this Request/Receipt Form for your Scholarships, Internships, or Summer Programs ONLY. Fill in your name and name of program or scholarship you are applying to in the spaces provided.

\_\_\_\_\_  
(Student's Name) (Student's Grade)

Please indicate if a link to download information will be sent to the counselor: \_\_\_\_\_Yes \_\_\_\_\_No

\_\_\_\_\_  
(Date Submitted to Counselor)

INFORMATION NEEDED: CIRCLE: Transcript ACT/SAT/PSAT scores Letter of Recommendation

School Profile Student will mail School will E/mail/Download Info \_\_\_\_\_  
(Date Processed by Counselor)

or FAX TO: \_\_\_\_\_ Date Due: \_\_\_\_\_

\_\_\_\_\_  
(NAME OF SCHOLARSHIP or PROGRAM)

\_\_\_\_\_  
(ADDRESS)or(WEBSITE LINK)

\_\_\_\_\_  
(CITY, STATE & ZIP CODE)

RECEIPT FOR TRANSCRIPT/LETTER OF RECOMMENDATION E/MAILED/Faxed or Returned to You  
STUDENT: You will receive this tear-off as notification that your transcript has been mailed, faxed or returned to you for mailing by the guidance office.

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_

\_\_\_\_\_  
(NAME OF SCHOLARSHIP OR PROGRAM)

\_\_\_\_\_  
Date Processed by Counselor

\_\_\_\_\_  
Counselor's Signature



## HIGH SCHOOL OF AMERICAN STUDIES AT LEHMAN COLLEGE

### Student Self Recommendation for Activities Other than College

**Student Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

We believe that you should have a certain amount of input into any letter of recommendation that is written to on your behalf. Consequently, we are asking for your perceptions about your educational and personal growth. Use this form if you need a letter from a **guidance counselor**. If you need a letter from a **teacher** please check directly with the teacher to see what they may request from you to assist with the letter.

#### **Instructions**

Please carefully answer the following questions on a separate sheet of paper. Answer them with care, as your responses will help generate a good counselor recommendation. If you reference a job, program, volunteer work, please provide the **full name** of the company, organization, program etc.

**All responses must be typed.** You may email your responses to [Mharris4@schools.nyc.gov](mailto:Mharris4@schools.nyc.gov) Please use **only** Microsoft Word or Google Docs. **Please number your responses to correspond with the questions.** *The tear off at the bottom of the student self-recommendation questionnaire included **must be signed, dated and returned before the recommendation letter is written.***

1. Please discuss in detail your cumulative grades at the time of this request. Please notate any fluctuations or failures that may appear of your transcript/report card.
2. Discuss any circumstances in your life that might have had a negative/positive impact on your academic performance.
3. What are your proudest accomplishments and **why?** a. Academic b. Personal
4. What are your career goals and plans?
5. How would your friends and/or family describe you?
6. List **five** descriptive adjectives that tell something about you as a person.

Sign below, and return to Ms. Harris Below will serve as your receipt.

I \_\_\_\_\_ understand that the information  
(Student's Name)  
submitted from this self recommendation form may be used to influence the content of the counselor's  
recommendation letter.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**Comments:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_