

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

Teacher Letter of Recommendation Request Form

**Student:** Most teachers will be sending their recommendations online. However, if requested by teacher attach stamped addressed envelopes for each college. Complete this entire form except for your teacher's signature and date at the bottom. (If applying ED/EA Nov. 1 this form must be submitted to the teacher 4-5 weeks prior to that date.) Please use more than one form if needed.

\_\_\_\_\_  
(Recommending Teacher's Name)

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

\_\_\_\_\_  
(Student's overall GPA)

\_\_\_\_\_  
(Student's Date of Birth)

College Information

College Names:

Application Deadline

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

List your activities:

Course taken

Grade in course

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_

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 not* 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 sent/mailed by the teacher/counselor directly to the college.*

\_\_\_\_\_  
(Teacher's Signature)

\_\_\_\_\_  
(Date mailed to college)