



Office Use Only B# _____ Admit Year _____
 Received _____ Received _____ Student _____
 Date _____ By _____ ID Verified _____

REQUEST FOR LETTER OF RECOMMENDATION

Select The Type of Letter You Are Requesting:

- 1. Letter that includes personal observations or assessments –
 - Subjective things such as "stellar student," "takes part in class discussions," or "mediocre performance."
- 2. Letter that includes information from my education record. This letter must come from the Office of the Registrar or designated records personnel in the Campus Admissions and Records Office.

Student Name: _____ Student ID: **B** _____

Currently enrolled at EFSC? Yes No **I waive my right to review this letter.** Yes No

I am requesting a letter of recommendation from: _____

Purpose of Letter: _____

Address Letter to Whom? _____

In addition to my name, I request the following information to be included in the letter:

My Social Security Number: _____

Course Grade: _____

Course information: _____

Other: _____

Student will pick up on (Date): _____

or

Mail to the address below: *Please print clearly*

Student legal signature: _____ Date: _____

Phone: _____

To person making the recommendation: After you have completed the letter of recommendation, please sign and date below and send this form to the campus Admissions and Records Office.

Signature: _____ Date: _____