TEACHER RECOMMENDATION REQUEST

****You MUST submit a Transcript Release Form to the Guidance Department for each college on this list PRIOR to giving this form to your teacher. Teachers will ONLY submit to the college(s) listed below. Please double check the requirements for each college.****

Name of student _____

E-mail _____ Phone _____

Guidance Counselor name _____

NAME and LOCATION OF COLLEGE	DUE DATE	Did you use the COMMON APP? YES NO