RECOMMENDATIONS AND RELEASE

PLEASE LIST THE FOLLOWING INFORMATION FOR RECOMMENDATIONS. INDIVIDUALS SENDING RECOMMENDATIONS SHOULD KNOW THE STUDENT WELL AND BE ABLE TO SPEAK TO THEIR READINESS FOR COLLEGE:

RECOMMENDATION 1 (EDUCATOR)

Name:_____

Position:_____

Address, City, State_____

Phone_____

E-mail_____

RECOMMENDATION 2

Name:_____

Position:_____

Address, City, State_____

Phone_____

E-mail_____

RECOMMENDATION 3

Name:_____

Position:_____

Address, City, State_____

Phone_____

E-mail_____

RECOMMENDATION RELEASE

I agree to waive my right to access the student recommendation forms

Applicant Name_____

Applicant Signature_____ Date_____

Parent Name_____

Parent Signature_____ Date_____