

**Teacher Recommendation Confirmation**

Student: Please fill out **all** information below and return this form **to your counselor.**  
(Use a separate form for each teacher.)

**Student Name:** \_\_\_\_\_ **Teacher writing letter:** \_\_\_\_\_

**Date Student requested recommendation:** \_\_\_\_\_

**I am applying Early Decision** \_\_\_ Yes \_\_\_ No      **Early Action** \_\_\_ Yes \_\_\_ No

**Date letter needs to be in Guidance Office** \_\_\_\_\_  
(At least 3 weeks prior to college deadline date)

**College's Deadline for application:** \_\_\_\_\_  
(Please fill in the earliest deadline you have)

**Teacher's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this copy to your counselor**

(Counseling department will forward reminder copies to teachers)

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