

RECOMMENDATION MAILING CONFIRMATION

STUDENT: Your use of this form is optional. Give staff a SEPARATE Confirmation slip for EACH school or scholarship. You must also give each staff a self-addressed stamped ENVELOPE for each "batch" of requests.

To be filled out by STUDENT:

Name: _____

Student ID: _ _ _ _ _

Name of college/scholarship for which you have submitted recommendation request:

To be filled out by STAFF:

Name: _____

Recommendation was mailed this date: _____

or

If unable to provide a recommendation by the deadline, please notify the student or the student's counselor immediately.

-----cut each slip-----

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