



Herschel V. Jenkins High School - and The School of Engineering

1800 E. Derenne Avenue - Savannah, GA 31406
912-395-6314 (Guidance Phone) ... 912-201-5845 (Guidance Fax)

Do You Need A Letter Of Recommendation?????

Requests made without using this form can get lost or be forgotten.
Use this form to insure your request is handled properly and on time.

REMEMBER! WE ASK AT LEAST ONE (1) WEEK'S NOTICE.

As the end of a semester approaches it may take longer! We strongly encourage you to plan ahead!

Please print all information clearly – we can't help you if we can't read it!

Student Name: _____ **Cell #:** _____

Date of this request: _____ **Date of Birth:** _____ I am not 18 or older.

Counselor / Teacher / Staff Member's Name to complete this request: _____

Date you need it: _____ (we request at least a 1 week notice)

Your Email (so we can notify you when it's ready to pick up: _____

To whom should this recommendation be addressed? _____

How do I send this recommendation?

- Just give it back to you.
- Seal it in an envelope and give it back to you.
- Mail / Email it directly – if so to whom and at what address?

To: _____

Address: _____

City: _____ State: _____ Zip: _____

You must provide additional information that will help me to write you the best recommendation possible.

Use a separate sheet of paper and BE SURE TO ATTACH IT to this request form. Additionally be sure you attach your resume / brag sheet / fact sheet to this form so that I can have additional background information.

- a. What is the purpose of this letter of recommendation?
- b. Why do you want to attend _____ college?
- c. What do you plan to study at this college?
- d. Tell me something about you to explain why you are ideally suited to attend this college. (*This is important because there may be something about you that we don't already know*)

What other teacher / counselor / administrator / coach have you asked for recommendation(s)?

1. _____ 2. _____ 3. _____

PLEASE READ CAREFULLY BEFORE SIGNING: By signing below, I freely and voluntarily waive my rights of access to any information contained in this recommendation letter / form and agree that the statement may remain confidential. If under age 18, your parent must also sign this form before it can be processed.

	Print Name	Signature	Date
Student		★	
Parent/Guardian		★	

Would you rather email this form and supporting documents? If so, send form and required attachments to Donna.Brado@sccpss.com who will forward it to the person listed above.