

Grace Christian Teacher Letter of Recommendation Request Form

- Complete one form for **each** letter you are requesting.
- Please know it may take up to 5 school days to process your recommendation requests.

Name: _____ Date of Request: _____ Date Sent/Given: _____

Completed by: _____ Student Email Address: _____

*****PLEASE SELECT ONE*****

1. **ONLINE LETTER (BY COMMON APPLICATION, SEND EDU, OR EMAIL)**

COLLEGE NAME: _____

COLLEGE EMAIL ADDRESS/WEBSITE: _____

COLLEGE STUDENT ID NUMBER: _____

2. **MAIL A LETTER TO:** _____
(Must be filled out completely)

COLLEGE STUDENT ID NUMBER: _____

3. **PERSONAL USE** – OFFICIAL SEALED LETTER OF RECOMMENDATION
Unofficial if envelope is opened and seal is broken!

4. **PERSONAL USE** – UNOFFICIAL UNSEALED LETTER OF RECOMMENDATION

I am requesting the completion of a letter of recommendation or recommendation form for the above-named student. By submitting this request, I hereby authorize Grace Christian School to release information necessary for completion of this recommendation, including information concerning my/my child's educational records, and any other information requiring consent under the Family Educational Rights and Privacy Act (FERPA, Public Law 93-380) or any other law. I understand that this release allows use of this information for legitimate interests only.

I understand that a letter of recommendation or recommendation form may be an educational record under FERPA which I/my child might have a right to review and inspect. However, by requesting completion of this recommendation, I hereby waive my right of access to the letter written on my behalf/my child's behalf. By waiving this right, I understand that I may never have access to inspect or review the letter or form submitted on my/my child's behalf. I understand Grace Christian School does not maintain copies of letters of recommendation or recommendation forms as part of a student's educational file.

Parent Signature (Required) _____ Student Signature _____