REQUEST FOR COUNSELOR RECOMMENDATION

STUDENT _____ DATE SUBMITTED _____

COUNSELOR(circle)**: BOUCHARD DERESPINO FOLEY HENRIKSON**

LIST THE SCHOOLS YOU ARE CONSIDERING:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

INTENDED MAJOR: _____

I <u>WISH</u> <u>DO NOT WISH</u> to give up my right of access to recommendations as provided under the Family Educational Rights and Privacy Act of 1974.
(circle one)

_____
(Signature)

SIGNATURES OF RECOMMENDING TEACHERS:

1. _____ _____
(Teacher Printed Name) (Signature)

2. _____ _____
(Teacher Printed Name) (Signature)

3. _____ _____
(Teacher Printed Name) (Signature)

4. _____ _____
(Teacher Printed Name) (Signature)

5. _____ _____
(Teacher Printed Name) (Signature)

ATTACH A RESUME OR FILL IN BELOW:

HIGH SCHOOL ACTIVITIES, COMMUNITY ACTIVITIES, HONORS AND AWARDS

	9	10	11	12		9	10	11	12