

Counselor/Teacher Recommendation Request Form

Student Name:	Today's Date
School Email:	

Teacher Recommendations

List the teachers who have agreed to write your recommendations below and have them confirm with a signature below.

Teacher Name:	Signature:
Teacher Name:	Signature:

College Information

Earliest Application Deadline:	
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Are you applying **Early Decision**? Yes No

If YES, which school?

List all other colleges you intend to apply to:

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*****Please note that you must request recommendations through your school portal or the Common App as well in order for your recommendation to be submitted.***

Please Choose Your Counselor to Submit This Form

Ms. Jango-Cohen
jennifer.jangocohen@washoeschools.net

Dr. Sheridan
bethany.sheridan@washoeschools.net