NORWALK HIGH SCHOOL COUNSELING DEPARTMENT
STUDENT REQUEST FOR TEACHER RECOMMENDATION
STUDENT INFORMATION FORM

Directions for Students: Complete the form and give a copy to EACH teacher from whom you are asking to write a letter of recommendation. You must submit this completed form to your teacher at least 4 weeks prior to your first application submission deadline. This form must include your parent/guardian’s signed consent for your teacher to release records on your behalf. You must also be sure to add all Common App colleges to your Common App Dashboard; add non-Common App colleges to your Naviance account; and add any teachers from whom you are requesting a recommendation to your Recommendation Requests in Naviance.

Student: ___________________________ School Counselor: ___________________________
  First Name   Last Name

Student Cell Phone: () __________  Student Email: ____________________________ @ __________

Complete this grid by 1) listing every college to which you want this letter sent, 2) indicating the date by which you’d like the letter submitted & 3) circling YES or NO as to whether or not you are submitting a particular application via the Common Application. It is your responsibility, as the student applicant, to check with each college about the number of required vs. allowable recommendations and about that college’s specific submission deadlines. Then complete the questions below and please be as detailed as possible in the information that you provide (use the reverse side if more space is needed).

<table>
<thead>
<tr>
<th>College/University</th>
<th>Requested Submission Date</th>
<th>Submit Via Common App</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>YES  NO</td>
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<td>2.</td>
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<td>YES  NO</td>
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<td>3.</td>
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<td>4.</td>
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<td>6.</td>
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<td>9.</td>
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<td>YES  NO</td>
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<td>10.</td>
<td></td>
<td>YES  NO</td>
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</tbody>
</table>

Teacher: ___________________________ ___________________________

Course(s) taken with this teacher: ________________________________________________________________

Grade Level(s) Taken (circle):  9th  10th  11th  12th

Final Grade Received in Course #1: ____________ Course #2: ____________

1. What did you enjoy most about this class?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Student Request for Teacher Recommendation
2. What specific experience/project/discussion/concept did you find most stimulating or felt brought out the best in you?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. What were your academic strengths and weaknesses in this class?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. What challenge, if any, did you encounter in the class and how did you handle it?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

NORWALK HIGH SCHOOL COUNSELING DEPARTMENT
STUDENT REQUEST FOR TEACHER RECOMMENDATION
MANDATORY PARENTAL DISCLOSURE STATEMENT

Directions for Parents: Please complete and sign below if you grant permission for the items that your son/daughter/ward has requested to be forwarded to the institutions to which he/she may be applying.

I hereby authorize that the following teacher ____________________________ has my permission to release a letter of recommendation and any corresponding teacher evaluation forms to colleges, other postsecondary schools, and scholarship committees when requested on behalf of:

_________________________________________  ___________________________  ___________________________
Student First Name  Student Last Name  Date of Birth

_________________________________________  ___________________________
Parent / Guardian First Name  Parent / Guardian Last Name

_________________________________________
Parent/Guardian Signature

___________________________  ___________________________
Today's Date  Teacher's Initials

Date Form Submitted to Teacher ___________________________