



**LETTER OF RECOMMENDATION  
REQUEST FORM**

**281.469.8829 (OFFICE)  
281.469.6040 (FAX)**

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**Student's Last Name**

**First Name**

**DATE REQUESTED:** \_\_\_\_\_

*Protocol for acquiring a letter of recommendation from administration, faculty or staff member at CCS:*

- 1. Include the complete mailing address for the recommendation.*
- 2. A resume should be attached to this form in order for the individual to write the appropriate letter of recommendation.*
- 3. Allow 5 school days for processing this request.*
- 4. The student will pick up all letters of recommendation from the individuals they have requested letters from, which will be done in accordance with the 5 school day policy stated in point #3.*

**RECOMMENDATION NEEDED:** \_\_\_\_\_

**(Character, academic achievement, athletic, service, leadership)**

**TITLE OF INSTITUTION or NAME OF SCHOLARSHIP**

\_\_\_\_\_

**TRANSCRIPT NEEDED TO ACCOMPANY RECOMMENDATION? Y or N**

**DATE FOR PICK-UP:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_