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STUDENT RECOMMENDATION REQUEST

The undersigned student requests that a form or a letter of recommendation be written:

BY: Name _____ (Please print or type)

TO: Name _____

Address _____

_____ Deadline _____

The letter will conform to the following statement (Please check ONE):

- The letter is to be treated as **CONFIDENTIAL** by both writer and recipient institution.*
- The letter is to be treated as **NON-CONFIDENTIAL** by both writer and recipient institution.*

(Print or type)

Name _____ *Student's Signature*

Address: _____

attach this form to original letter