



Request for Letter of Recommendation

Office of Teaching and Learning
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9212 || F: (907) 746-9292

Print Form

Date

Special Instructions: In order to better evaluate you, fill out this form with your information to assist the person from whom you are requesting a recommendation letter. *You may attach additional information to this form, such as a resume or cover letter.*

Student Name	<input type="text"/>	Student ID	<input type="text"/>	Phone #	<input type="text"/>
Counselor Name	<input type="text"/>	High School	<input type="text"/>		

MSBSD Student Portfolio (Select one below):

- Scholarship Grant College Other

Student Needs Letter By (Date)

Academics & Achievement:

GPA Class Rank SAT Composite ACT Composite

Long-Term Goals and Career Plans:

Hobbies, Talents, Strengths, & Interests:

Please include any other information that would be helpful, such as obstacles you have overcome and any topics you would like the writer to highlight for this letter of recommendation.

Upon Completion, Please (Select one below):

- Return via mail in the enclosed envelope
 Return to student