

Date Received	_____
Date Mailed	_____

## RECOMMENDATION REQUEST FORM

Name (Please Print): \_\_\_\_\_  
(Legal name under which you were registered as a student in Pre-College)

Major: \_\_\_\_\_ Teacher: \_\_\_\_\_

Email: \_\_\_\_\_

Who do you want to write your recommendation letter? Please check ONE box

- Rob Ross     
 Katya Lawson     
 No Preference

Is there any specific information you would like included in this letter of recommendation?

Please elaborate here:

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I authorize the Juilliard Pre-College office to send this letter of recommendation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Required by law if student is younger than 18 years old)*

**Do you also need a transcript?** If so, please fill out a Transcript Request Form available in the Pre-College office and on the website

Check appropriate box:

Name of School

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For Pick up on:

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Please send on:

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**If you need more room, please attach a list of schools and addresses on the back of this form**