**Great Neck South High School**

 **Teacher College Recommendation Request Form**

**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received :\_\_\_\_\_\_\_\_\_\_\_\_\_FERPA Waiver Completed (on reverse side)\_\_\_\_\_\_\_**

**Student Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **FOR TEACHER’S ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of College** | **ED/EA****Rolling****Regular** | **Deadline DATE** | **Which****Application****Used** | **NON Common App Schools Electronic or Mail?****( Self-Addressed, Postage-Paid Envelope attached if not electronic)** | **Electronic****or Mail** | **Date Processed** |
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**DEADLINE INFORMATION**

|  |  |
| --- | --- |
| **College Deadline** | **Counselor/Teacher Deadline** |
| **November 1, 2016** | **Monday, October 17, 2016** |
| **November 15, 2016** | **Wednesday, October 26, 2016** |
| **January 1, 2017** | **Monday, December 5, 2016** |

**For Teachers: Minimum of FIFTEEN (15) school days required for any deadlines not indicated above.**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College Application & Transcript Release Form**