



## STUDENT RECOMMENDATION FORM

NAME OF HIGH SCHOOL: \_\_\_\_\_  
*(Please insert the school name above)*

Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

### Parent/Guardian Contact Information:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*(Parent, Grandparent, Legal Guardian)*

Home Address: \_\_\_\_\_  
*(Street, City, Zip)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### Contact information of individual submitting recommendation:

Name: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ *(Optional)*

Reason(s) for Student Recommendation:

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your time and recommendations!**

**RSVP DATE: OCTOBER 16, 2015**

**PLEASE EMAIL FORM TO: Mae Marshall at [mae.marshall@texasdiversitycouncil.org](mailto:mae.marshall@texasdiversitycouncil.org)**