

Friends of the Umatilla Library

Letter of Recommendation Form

Name of student _____

Your name _____

Your email and phone _____

Your position/title _____

Relationship to student

Grade level/s you've known or taught student

____ Teacher ____ Counselor
____ Coach/Club advisor ____ Employer
____ Church based ____ Volunteer/Community involvement
____ Family friend Other _____

____ 9th ____ 11th
____ 10th ____ 12th

Communication skills

Work ethic

Leadership ability

Academic performance

____ Excellent	____ Excellent	____ Excellent	____ Excellent
____ Very Good	____ Very Good	____ Very Good	____ Very Good
____ Average	____ Average	____ Average	____ Average
____ Below Average	____ Below Average	____ Below Average	____ Below Average
____ Unable to comment	____ Unable to comment	____ Unable to comment	____ Unable to comment

You are welcome to provide any additional comments or details on a separate page, but it is not required.

Please return this completed form to the student in a sealed envelope with the student's name on the front and your signature over the seal.
Student/parent/guardian/friend must present this form in person to a library employee at the Umatilla Library no later than 6:00pm, Monday, April 14, 2025

Your signature

Date signed