



# Teacher Recommendation Form

The Meadows School  
8601 Scholar Lane  
Las Vegas, NV 89128

Telephone: (702) 254-1610

Fax: (702) 254-3852

School Code: 290116

To the Student:

- 1) Fill in your name, address and Social Security Number below
- 2) Photocopy this form as necessary
- 3) Deliver to your teacher in a timely manner (**at least 2 weeks prior to due date**) with:
  - (a) Any teacher recommendation form provided by the college; and
  - (b) **A Meadows letterhead envelope**, addressed to the college, with the deadline written inside the back flap.

Student Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Student Address: \_\_\_\_\_  
\_\_\_\_\_

Student Waiver:

*I voluntarily waive all rights of access to the contents of this recommendation as conferred by the Family Education and Privacy Act of 1974.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To the Teacher:

- 1) Fill in the requested information below.
- 2) Attach your letter of recommendation as follows:
  - (a) This form.
  - (b) Your letter.
  - (c) The blank college form, if provided.
- 3) TMS will supply postage for teacher letters.
- 4) Keep a copy for your records.

*Keep in mind that this recommendation complements the official school letter of recommendation and should reflect the student's performance in your class or activity. This letter is written in accordance with the Family Education Rights and Privacy Act of 1974.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Academic Relationship with Student (course, level, year)  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: (702) 254-1610 ext: \_\_\_\_\_ Email: \_\_\_\_\_