Counselor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Profile Packet for Recommendation Letters

**READ THE DIRECTIONS FIRST!!**

When requesting Letters of Recommendation, please complete this profile packet first and then give it to your teacher or counselor. It takes a minimum of **15** school days to complete Letters of Recommendation, College Applications, and/or other paperwork. Complete the information below and then answer the questions on pages 2 - 4. Provide as much detail as possible. Save the document as first initial and last name, then email to your counselor or teacher as an attachment.

**Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Intended College or Plan after High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Career Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization:** I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to write a letter of recommendation or complete college applications which include confidential information such as G.P.A., class rank, grades, social security number (if required) and other pertinent information. This request serves as an exception to the privacy code selected and on file with Tompkins High School. Additionally, I waive the right to see the recommendation submitted. A parent/guardian signature is required if you are not yet 18 years of age.

|  |  |
| --- | --- |
| Student Printed Name: |  |

* By typing my name, I acknowledge that I am signing this form allowing OTHS counselors to provide recommendations on behalf of the student listed above. **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Parent/Guardian Printed Name: |  |

* By typing my name, I acknowledge that I am signing this form allowing OTHS counselors to provide recommendations on behalf of the student listed above. **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The counselors/teachers would like you to complete the following information to use when writing a recommendation letter that will reflect you as an individual and be personal in nature. This packet is to be completed and returned to your counselor and/or teacher before they can write a recommendation.**

List four (4) adjectives your friends or family would use to describe you.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Write 1 – 3 sentences describing yourself while providing information you would want admissions to know that would allow you to stand out among other applicants.

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Additional information you want to share:

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

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**Complete the following lists if applicable to you:**

Honors/Awards achieved while attending Tompkins High School:



School Leadership at Tompkins High School:



Activities and leadership outside of school:



Community Service/Volunteer Work:



Imagine an admissions counselor asks you: “What will you bring to our campus?” What would you say?

Counselors are assigned according to the student's last name. The email contacts are listed below:

**Last Name Counselor Email address**

A - COR Becca Naseman rebeccamnaseman@katyisd.org

COS - HEM Michelle Khan michellemkhan@katyisd.org

HEN - MAC Carmen Valdez carmenvaldez@katyisd.org

MAD - PES Dennis O’Callaghan dennismocallaghan@katyisd.org

PET - SID Krista Luna kristalluna@katyisd.org

SIE – Z Alejandra Paez alejandracpaez@katyisd.org