

Decatur Heritage Christian Academy

Request for Letter of Recommendation

Please allow 5 school days for your letter of recommendation to be sent. Be sure to submit your request in sufficient time to allow you letter to be completed.

Date: _____

Name: _____

Grade: _____ Year of Graduation: _____

Please send letter of recommendation to:

(Provide complete address)

Fax Number (if to be faxed): _____

Please note: You must provide a typed resume (including school activities, community service, and awards) along with this request.

Date Sent

Request taken by