



James Madison High School

NORTH EAST INDEPENDENT SCHOOL DISTRICT

5005 STAHL ROAD, SAN ANTONIO, TEXAS 78247

Counseling Office

210 637-4400

facsimile 210 637 4423

I give permission for _____, my _____,

to write a letter of recommendation to

for the purpose of

_____.

_____ has my permission to include personal references, grades, cumulative grade average, (CGA), and class rank in this letter.

I waive / do not waive my right to review a copy of this letter any time in the future.

Student's Name (PRINTED)

Signature

Date

*Parent/Guardian's Name (PRINTED)

*Signature

Date

*Parent's name and signature are required if the student is not 18 years old.

CC: Student

Person writing reference

Cumulative Folder