Friends of the Umatilla Library

Letter of Recommendation Form

Name of student _____

Your name _____

Your email and phone _____

Your position/title _____

Relationship to student

_____ Teacher

_____ Counselor

_____ Coach/Club advisor

_____ Employer

_____Church based

_____Volunteer/Community involvement

_____Family friend

Other_____

Grade level/s you've known or taught student

_____ 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 13, 2026

_____ _____

Your signature Date signed