



MIRIAM COLLEGE
Higher Education Unit
Guidance and Counseling Office

REQUEST FOR RECOMMENDATION LETTER FORM

Data Privacy Clause: By completing this form, I hereby agree that Miriam College may collect, use, disclose and process my personal data for the purpose of making a recommendation letter. Requests for inspection, amendment or restriction of records must be in writing and addressed to the HEU Guidance and Counseling Office and must specify the reasons for the request. MC reserves the right to respond appropriately according to law.

Due Date: _____
(To be filled-out by the Guidance Staff)

STEP 1: Fill out the information.

Name of Student/Graduate: _____
Last Name First Name Middle Name

Year & Course/Year Graduated: _____

Enrolled in Miriam College: From: _____ Semester, School Year _____
To: _____ Semester, School Year _____

Contact Information: Landline: _____ Cellphone: _____ E-mail: _____

Reason for Request: School Transfer: Reason for transfer _____
 OJT
 Employment
 Others (please specify) _____

INFORMATION ABOUT THE ADDRESSEE
(To whom the letter will be addressed)

Name of Addressee: _____
Last Name First Name Middle Name

Title/Position of Addressee: _____
Name of Company (for OJT/employment) or School (for transfer/further studies): _____

Address: _____

Note: Fill-up another form for additional recommendation.

STEP 2: Proceed to the Records Section.

CQPA: _____ If any failed/incomplete subjects (please specify): _____ <div style="text-align: right; margin-right: 50px;"> _____ Registrar (Signature over Printed Name and Date) </div>

STEP 3: Pay the fee at the cashier. P40.00 is charged per addressee.

STEP 4: Present O.R. and the completed forms to the Guidance and Counseling Office. Please check if all information has been completed. Utilize the back page for the address of other recipients if you are requesting for more than one (1) addressee. Only two (2) letters per request will be allowed. Incomplete forms will not be processed despite payment. Thank you.

FOR GUIDANCE STAFF USE

Amount paid: _____ OR Number: _____ Received by: _____ Date: _____

Recommendation Letter Released by: (Signature over Printed Name and Date)	Recommendation Letter Received by: (Signature over Printed Name and Date)

REMINDER TO THE PERSON MAKING THE REQUEST

- All recommendation letters will be ready after 3 working days from the date of request.
- Please present your official receipt when claiming your recommendation letter. A letter of authorization with the official receipt must be presented if the student/alumna is unable to claim the recommendation letter.
- Letters not claimed within 60 days of release will be forfeited.