
JPLCC Letter of Recommendation Request Form

(PLEASE SUBMIT REQUEST AT LEAST SEVEN (7) DAYS PRIOR TO DATE NEEDED)

Date of Submission: _____ Date needed by: _____

Request by: _____

This request is for: Self Other (indicate relationship) _____ Minor (in
dicate age) _____ Please print the full name of person requiring recomme

ndation letter below: Name: _____ Address: _____

City/State _____ Zip _____ Daytime Contact # _____

Email Address: _____

Requester is a member of JPLCC? ___ Yes ___ No

(if no, indicate relationship with JPLCC)

Please list all area of ministries in which you have participated.

Specify the purpose for this letter:

____ Employment

____ School

____ Business Referral

____ Other (specify) _____

Complete the information below of the person to whom this recommendation
should be addressed to: Title _____ Full Name _____

Company name (if applicable): _____

Address: _____ City _____ State _____ Zip Code _____

Please specify delivery method of Letter of Recommendation:

____ US Mail

____ Email _____

____ Fax _____

____ Pick up at Admin. Ofc.

FOR ADMINISTRATIVE OFFICE USE ONLY:

Date Received: _____ Time _____ am/pm Received by: _____

Date Request completed: _____

Writer: Title _____ Name: _____

METHOD OF DELIVERY (Please initial & date)

____ US Mail

Email _____

Fax _____

Pick up at Admin. Ofc.

Picked up by: _____ (Please Print) Signature: _____

Date: _____ Time: _____ Contact number: _____