



## JPMCI 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 (indicate age)  \_\_\_\_\_

Please print the full name of person requiring recommendation letter below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Contact # \_\_\_\_\_

Email Address: \_\_\_\_\_

Requester is a member of JPMCI? Yes  No  (if no, indicate relationship with JPMCI) \_\_\_\_\_

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. Office

Picked up by: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact number: \_\_\_\_\_