



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: _____