

Letter of Recommendation Cost: 25.00

1626 West Orange Blossom Trail#1053 Apopka, Florida 32712 www.dreamlighthighschool.com info@dreamlighthighschool.com

Office: (407) 850-8245 Mobile: (407) 415-5821 WhatsApp 24/7 (407) 468-2099

First Name:		
Last Name:		
Gender: Male ()	Female ()	
Started date:		
Graduation date:		
Last four Social Security Nu	mber:	
Date of birth:		
Current address:		
City:		
State:		
County:		
Zin code:		

Make sure to tell us the main reason you want a recommendation letter from our institution. There are a few things to remember before receiving a recommendation letter from us: 1) Must be a student. 2) Must be a current student with outstanding record. 3) Must not hold any balance into your account. 4) Keep in mind we can't lie to make you look great. We comply with the "Notification of "Rights under FERPA (1974)" must be acknowledged Dreamlight High School before releasing student's information." Email it to finance@dreamlighthighschool.com