

National Honor Society Letters of Recommendation

Student Name (Please Print) _____

I understand that three (3) letters of recommendation must come from adults other than my teachers or family members. I also understand the letters of recommendation submitted as part of my application will remain confidential.

Student Signature _____ Date _____

I acknowledge that all the information I have submitted for my application into National Honor Society is truthful and answer to the best of my ability and I forfeit my potential membership into NHS for falsifying information in my application.

Student Signature _____ Date _____

Listed below are the names and titles of three (3) adults from whom I have requested Letters of Recommendation:

1.

2.

3.

Signature of Parent/Guardian

Date