

Administrator's CERTIFICATION

The credentials for _____, who is the choice of our chapter, are attached. To the best of my knowledge, he/she meets the qualifications for the office of State _____, and, if elected, will receive the enthusiastic support of the school, the chapter, and the sponsor in the execution of the duties of the office.

I understand it is my responsibility to support the efforts of my student and his/her adviser throughout the campaign and then, if elected, throughout the term of office.

The chapter adviser has briefed me on the duties of the office sought, the term of the office, the time commitments for both the officer and the adviser and anticipated travel dates that will be required of the elected officer.

Principal/Superintendent's Signature(s):

School _____
Mailing _____
Address _____

City _____ Zip _____

School Phone _____

Email address: _____