



# Congresswoman Lucille Roybal-Allard

## 40<sup>th</sup> District, California

Committee on Appropriations  
Ranking Member, Subcommittee on Homeland Security  
Subcommittee on Labor, Health and Human Services and Education  
Democratic Senior Whip  
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### UNITED STATES SERVICE ACADEMY RECOMMENDATION FORM

**NOTE TO APPLICANT:** Enter your name and high school in the space provided below. Deliver or mail form to the person who will write your recommendation. **Ask the person to return the form TO YOU in a sealed envelope with his/her signature across the seal.** DO NOT OPEN the envelope or break the seal. Submit the 3 Recommendation Forms together with the rest of your application documents.

#### APPLICANT'S INFORMATION

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

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

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

Home/Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_

**NOTE TO RECOMMENDER:** The person whose name appears above is applying for admission to one of the United States Service Academies. The academies provide a college education leading to a career as a military officer. The questions posed below suggest the kind of information which would be helpful in the selection process. This form is provided for your convenience and we welcome your comments in whatever format you think suitable. However, please be sure to address / respond to each of the statements / questions. Federal or State law may require that all admissions material be shown to a student on request. We are aware that we are asking for considerable time and effort on your part in completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is helpful to us and greatly appreciated. This form is to be mailed (or delivered) to the applicant in an envelope. Please SEAL and SIGN the BACK FLAP of the envelope. The form will be submitted unopened by the candidate with his/her application.

1. Describe your relationship with the applicant and how long you have known them.



**General Comments:** Please note any circumstances or conditions that might enhance or impair this student's performance at an academy. Attach additional sheets if necessary.

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Please return completed form to student in a signed and sealed envelope**