



Congresswoman Lucille Roybal-Allard

40th District, California



Committee on Appropriations

Subcommittee on Homeland Security (Ranking Member)

Subcommittee on Labor, Health and Human Services, and Education

Subcommittee on Energy and Water

Democratic Senior Whip

[Twitter.com/RepRoybalAllard](https://twitter.com/RepRoybalAllard)

[Facebook.com/RepRoybalAllard](https://facebook.com/RepRoybalAllard)

[Instagram.com/RepRoybalAllard](https://instagram.com/RepRoybalAllard)

[Youtube.com/RepRoybalAllard](https://youtube.com/RepRoybalAllard)

WASHINGTON, DC OFFICE

2330 Rayburn HOB

Washington, DC 20515-0533

Tel (202) 225-1766

Fax (202) 226-0350

DISTRICT OFFICE

500 Citadel Dr., Suite 320

Commerce, CA 90040-1572

Tel (323) 721-8790

Fax (323) 721-8789

UNITED STATES SERVICE ACADEMY RECOMMENDATION FORM

NOTE TO APPLICANT: Enter your name and high school in the space provided below. Deliver or mail the 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 three 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 that would be helpful in our nomination process. This form is provided for your convenience only; we welcome your comments in whatever format you think suitable. Federal and/or State law may require that all admissions material be shown to the student/applicant on request. We are aware that completing this form takes a considerable amount of time and effort on your part. Therefore, we want to assure you that your generous assistance in writing this recommendation 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 to the applicant and how long you have known him/her.

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.
Thank you, in advance, for your recommendation.**