

## SCHOOL BOARD RECOMMENDATION

The governing board of \_\_\_\_\_ School District approves the application of:

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

as a:

☐

Commandant of Cadets

☐

Assistant Commandant of Cadets

and upon approval from the Adjutant General, State of California and Headquarters, California Cadet Corps, will be eligible to work in said capacity.

NOTE: This form may be signed only by an individual authorized by the governing board to sign on behalf of the board. Reference CR 1-11 for the policy on delegation of signature authority.

\_\_\_\_\_  
Name of Person Signing

\_\_\_\_\_  
Title

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date