



**U.S. Congressman Raúl Labrador  
First Congressional District of Idaho**

**RECOMMENDATION FORM**

(To be filled out by a Teacher, Principal, Guidance Counselor, Academic Advisor, or  
School Administrator)

Please complete this form and attach it to your written recommendation for the student.  
Completed form and attachments must be postmarked by November 30.

Information can be sent to:

Lisa Anderson  
Office of U.S. Congressman Raúl Labrador  
33 East Broadway, Suite 251  
Meridian, Idaho 83642

**Name of Student:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Class Rank:** \_\_\_\_\_

**Date of Ranking:** \_\_\_\_\_  
(High School Students: Must be end of Junior Year or later)

**Total Number in Class:** \_\_\_\_\_

**Grade Point Average:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (Printed) and Title**