THE LAW & PUBLIC SAFETY
EDUCATION NETWORK
NATIONAL ACADEMIES

NATIONAL STUDENT ACADEMIES

School Administrator Verification and Endorsement

Dear School Administrator,

The student identified below is applying for selection to a National Student Academy. The National Student Academies bring together motivated high school students from across the country for an intensive educational experience focused on career exploration, leadership, professional development, and public safety.

The academies are operated by **Southern Educational Resources (SER)** in collaboration with the **Law and Public Safety Education Network (LAPSEN)** and other educational and professional partners. As part of the application process, we ask a school administrator to verify the student's academic and disciplinary standing and provide an endorsement for participation.

Please complete the following based on information available to you in your official capacity.

Student Information

Student's Full Name: _____

Academy Applying For: _____

School Name: _____

Administrator Verification

1. Academic Standing
To the best of my knowledge, this student is currently in good academic standing at our school.
☐ Yes ☐ No ☐ Unable to Verify

2. Disciplinary Standing
To the best of my knowledge, this student is currently in good disciplinary standing at our school.
☐ Yes ☐ No ☐ Unable to Verify

3. Residential Academy Readiness

Based on information available to me, I am not aware of any significant unresolved conduct concerns that would make this student's participation in a supervised residential educational program inappropriate.

☐ Agree ☐ Disagree ☐ Unable to Determine

Administrator Endorsement

Please select one:

☐ **Recommend** — I support this student's application for selection to the National Student Academy.

☐ **Recommend with Reservations** — I support consideration of this student but believe additional review may be appropriate.

☐ **Do Not Recommend** — I do not recommend this student for participation at this time.

☐ **Unable to Make a Recommendation**

Additional Comments (Optional)

Please provide any information relevant to the student's academic standing, disciplinary eligibility, or readiness for participation. Do not include confidential student records or sensitive personal information.

Administrator Information

Administrator's Name: _____

Position/Title: _____

School: _____

School Email: _____

Administrator Verification

I certify that the information provided reflects my professional knowledge and information available to me in my official capacity. I understand that this information will be used by SER for academy admissions review.

Administrator Signature: _____

Date: _____