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GUIDANCE COUNSELOR'S VERIFICATION FORM

Student Name _____

I, _____, as a Guidance Counselor at

_____, certify that the above named student is receiving passing grades and is not in danger of failing.

Guidance Counselor Signature

Date

Student,

Please mail via USPS, this form with original signature to Chamber630 at 2001 Butterfield Road, Suite 105 Downers Grove, IL 60515 OR 5 Plaza Drive, Suite 212, Woodridge, IL 60517.