



Commonwealth of Pennsylvania

OPERATION RECOGNITION APPLICATION

Return application and documentation of honorable discharge status (DD214) to:
 Palisades School District, 39 Thomas Free Drive, Kintnersville, PA 18930

PLEASE PRINT CLEARLY:

| | |
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| Applicant's name as it will appear on the diploma | |
| Applicant's current address | |
| Applicant's current phone number | |
| Name of High School Veteran attended within the Palisades region | |
| Dates of High School attendance | |
| Year Veteran would have graduated | |
| Date Veteran entered Military Service | |
| Branch of Service | |
| I would like to participate in the graduation ceremony in June, 2022. Yes or No | |

I verify that the above information is accurate.

 Veteran's Signature

 Date

If Veteran is deceased, please verify the above information by signing below.

I am applying on behalf of the above Veteran who is deceased. I verify that the information is accurate.

 Printed Name & Phone Number

 Relationship to Veteran

 Signature

 Date