



NHS Chapter at Hollins High School Academic Character References Form

Student Name: _____

Please provide names of three teachers who have taught you in a class at Hollins High School and currently teach on campus. Please print the teacher's name, room number, phone extension, email and obtain the teacher's signature. Please only list references that have agreed to act as a character reference.

1) Name _____

Room _____ Email _____

Phone ext. _____

Teacher Signature _____

1) Name _____

Room _____ Email _____

Phone ext. _____

Teacher Signature _____

1) Name _____

Room _____ Email _____

Phone ext. _____

Teacher Signature _____