

AIHP STUDENT RECOGNITION CERTIFICATE

After your selection of a student recipient, please forward this form to:

AIHP
777 Highland Ave.
Madison, WI 53705-2222

Name of student recipient printed as it will appear on the certificate:

Male _____ Female _____

Brief indication of the historical achievement or activity for which you are authorizing the student's certificate:

Will there be a formal presentation of the certificate? _____

When? _____

Note: Certificate will be sent to the authorizing faculty member unless otherwise requested.

Authorizing faculty member's name and address:

Signature of authorizing faculty member

Date