



**Chapter Leadership**  
Verification Form

School name: \_\_\_\_\_

Chapter name: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Leadership position held: \_\_\_\_\_

Length of term: \_\_\_\_\_

Faculty advisor name: \_\_\_\_\_

Faculty advisor email \_\_\_\_\_

**Verification attestation:**

I hereby verify that (insert candidate's name) \_\_\_\_\_  
has held and/or served in a leadership position within our local CNSA chapter.

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date