



OPERATION RECOGNITION APPLICATION

Name: _____

Address: _____

Phone Number: _____

Email: _____

Branch of Military: _____

Enlistment Date: _____

Discharge Date: _____

Were you honorably discharged? YES NO

Are you a current resident of Hampton Township? YES NO

Did you attend Hampton High School? YES NO

If yes, please list attendance dates: _____

Please mail the completed form to: Operation Recognition, Hampton Township School District, Communications Office, c/o Shari Berg, 4591 School Drive, Allison Park, PA, 15101 or send via email to communications@ht-sd.org.

**A copy of discharge papers will be required at the time of application. Veterans who require copies of their discharge papers from the U.S. Armed Forces can apply through the National Archives at www.archives.gov/veterans/military-service-records.*