

**Parent Teacher Organization
Liberty Pines Academy**

Guidance Counselor Verification Form

Student Name: _____

High School: _____

Expected Graduation Date: _____

Post Secondary Plan: _____

Guidance Counselor Name: _____

Guidance Counselor Signature: _____

Guidance Counselor Contact #: _____

Date: _____

All questions should be directed to:

Shannon Anderson
PTO Scholarship Coordinator
801-201-5241
shannonjeananderson@hotmail.com