



**ARIZONA SCHOOL RESOURCE OFFICERS ASSOCIATION
Award Nomination**

School Resource Officer of the Year []

Exceptional Service Award []

Safe School Leadership Award []
(For School Employees)

NOMINEE

Last Name _____ First Name _____ Title _____

Agency _____ School _____ Phone _____

Length of Service as SRO ___ Administrator ___ Security ___ Email _____

NOMINATION SUBMITTED BY

Last Name _____ First Name _____ Title _____

Agency / School _____ Email _____

Phone _____ Affiliation with the Nominee _____

Please indicate the reasons you have nominated this person, the contributions they have made to the SRO Program, ASROA, their School or Community.

(Please include letters of recommendation, commendations, media, or additional documentation regarding your nomination)

Provide names of individuals for ASROA to contact in order to confirm the Nominee's accomplishments.

Name _____ Phone _____ Position _____

Name _____ Phone _____ Position _____

Name _____ Phone _____ Position _____

Will you and/or the nominee be attending this year's ASROA School-Based Policing Conference? _____