

NIRA INFRACTIONS CLEARANCE FORM

Must be received by NIRA National Office upon issuance.

PLEASE TYPE OR PRINT CLEARLY • Remember to press hard as you are printing through 3 copies

Student's Name _____

NIRA # _____

Region _____

School Attending _____

Date Student Was Cleared From The NIRA Infractions List

_____/_____/_____
Month Date Year

State what action was taken to clear the above named student from the NIRA Infractions List:

WHITE COPY - STUDENT
PINK COPY - REGIONAL SECRETARY
CANARY COPY- NIRA

National Office
2316 Eastgate North Street, Suite #160
Walla Walla, WA 99362-1576

TOTAL AMOUNT PAID

\$ _____

REGIONAL FACULTY DIRECTOR SIGNATURE

REGIONAL STUDENT DIRECTOR SIGNATURE