

2018 National Teacher of the Year Program

Acknowledgements Form

In submitting this form I agree to the details being used for the purposes of the selection process for the 2018 National Teacher of the Year. The information will only be accessed by necessary Council of State School Officers staff and selection committee members. I understand my data will be held securely and will not be distributed to third parties. Additionally, information about State Teachers of the Year will not be released until after the state has made an official announcement identifying the candidate as the state's Teacher of the Year.

CANDIDATE

I hereby give my permission that any or all of the attached materials (other than home address, telephone, SS# and DOB) may be shared with persons interested in promoting the National Teacher of the Year Program. I also acknowledge that if selected as the 2018 National Teacher of the Year, I will be released from classroom responsibilities during the year of my recognition in order to fulfill the obligations of the role.

Name of Candidate _____

Signature of Candidate _____ Date _____

SCHOOL/BUILDING PRINCIPAL

I acknowledge that the candidate submits this application with my approval. If the candidate is selected as the 2018 National Teacher of the Year, he or she will be released from classroom responsibilities during the year of recognition.

Name of School Principal _____

Signature of School Principal _____ Date _____

SCHOOL DISTRICT SUPERINTENDENT

I acknowledge that the candidate submits this application with my approval. If the candidate is selected as the 2018 National Teacher of the Year he or she will be released from classroom responsibilities during the year of recognition.

Name of District Superintendent _____

Signature of District Superintendent _____ Date _____

STATE TEACHER OF THE YEAR PROGRAM COORDINATOR

I acknowledge that this application is accurate, and reflects the original content submitted by the CANDIDATE. I submit this candidate to the State Superintendent/Chief for submission to the National Teacher of the Year Program.

Name of Coordinator _____

Signature of Coordinator _____ Date _____

STATE SUPERINTENDENT/CHIEF

I acknowledge that this candidate submits this application with my approval. The candidate will represent our state in the 2018 National Teacher of the Year Program. If the candidate is selected as the 2018 National Teacher of the Year he or she will be released from classroom responsibilities during the year of recognition.

Name of State Chief _____

Signature of State Chief _____ Date _____