

# 2017 Arkansas Teacher of the Year Candidacy Approval Form

I hereby give my permission for any or all of the attached materials (other than home address, telephone, and private e-mail) to be shared with persons interested in promoting the Arkansas Teacher of the Year Program. My signature denotes that I verify the information provided in this application is true, correct and complete. I also acknowledge that if selected as the 2017 Arkansas Teacher of the Year, I will be released from classroom responsibilities during the year of my recognition in order to fulfill the obligations inherent in the honor.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

## SCHOOL/BUILDING PRINCIPAL

Name \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City

State

Zip Code

Telephone

I acknowledge that the candidate submits this application with my approval. If the candidate is selected as the 2017 Arkansas Teacher of the Year, he or she will be released from classroom responsibilities during the year of recognition.

Signature of School Principal \_\_\_\_\_ Date \_\_\_\_\_

## SCHOOL DISTRICT SUPERINTENDENT

Name \_\_\_\_\_ Title \_\_\_\_\_

District Name \_\_\_\_\_

District Address \_\_\_\_\_

City

State

Zip Code

Telephone

I acknowledge that the candidate has been selected as District Teacher of the Year for the current school year and submits this application with my approval. If the candidate is selected as the 2017 Arkansas Teacher of the Year, he or she will be released from classroom responsibilities during the year of recognition.

Signature of District Superintendent \_\_\_\_\_ Date \_\_\_\_\_

## DISTRICT TEACHER OF THE YEAR PROGRAM COORDINATOR

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

Telephone

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_