

Washington State Common Core Fellows

SIGNATURE PAGE

APPLICANT NAME	
SCHOOL OR DISTRICT DEPARTMENT	
DISTRICT	

INFORMATION AND PHOTO RELEASE

I hereby give my permission that all of the attached materials, materials generated as a result of this application, photos or video taken of me as a result of this application or photos or video of me provided to OSPI in connection with this application may be used to promote the Washington State Common Core Fellows program.

SIGNATURE OF APPLICANT **DATE**

DISTRICT AND SCHOOL ENDORSEMENT

I acknowledge that the nominee submits this application with my approval and full support. I endorse the plan of work and if the applicant is selected as a Fellow, will release him/her for two days of professional learning to support this work.

SIGNATURE OF DISTRICT REPRESENTATIVE **DATE** _____
SIGNATURE OF BUILDING ADMINISTRATOR **DATE**