



2019-2020 Partner School Application Principal Authorization Form

In order to be considered as a Partner School in the upcoming school year, this Principal Authorization Form must be reviewed, signed, and uploaded in the Partner School Application or emailed to Jane McCarty at Jane@TheEducationPartnership.org.

I, _____, _____
(full name) *(title)*

acknowledge and support my school's application to be a Partner School for the 2019-2020 school year. Additionally:

- I certify that the information provided in the 2019-2020 Partner School Application is true and correct.
- I agree to maintain a list of enrolled educators for The Education Partnership.
- I grant permission to use our school's name in press releases and public service announcements in relation to program participation as well as program participation data.
- I understand that supplies received through the Teacher Resource Center are expected to be used by the educators and students at our school; that supplies may not be returned, exchanged, sold, or bartered; and that enrolled educators are responsible for selecting products appropriate for our students.

School Name: _____

Principal Signature: _____ Date: _____