#### 2025 Colorado Teacher of the Year

## Signatures

**APPLICANT SIGNATURE**

I hereby give my permission that any or all of the attached materials may be shared with persons interested in promoting the Teacher of the Year Program. I also acknowledge that if selected as the Colorado Teacher of the Year, I will be released from classroom responsibilities for 10-15 days during the year of my recognition in order to fulfill the obligations inherent in the honor. If selected as the National 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 Applicant and Date**

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**SCHOOL/BUILDING PRINCIPAL**

I acknowledge that the applicant submits this application with my approval. If the applicant is selected as the Colorado Teacher of the Year, they will be provided 10-15 release days by the district. If the applicant is selected as the National Teacher of the Year, they will be released from classroom responsibilities during the year of recognition.

**Signature of School Building Principal and Date**

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**SCHOOL DISTRICT SUPERINTENDENT**

I acknowledge that the applicant submits this application with my approval. If the applicant is selected as the Colorado Teacher of the Year, they will be provided 10-15 release days by the district. If the applicant is selected as the National Teacher of the Year, they will be released from classroom responsibilities during the year of recognition.

**Signature of Superintendent and Date**

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**\*\*Upload the completed signatures form in the** [**Online Application**](https://colorado.egrantsmanagement.com)**\*\***