#### 2024 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 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:

Date:

**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 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 Principal:

Date:

**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 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:

Date:

**\*\*Upload this completed signatures form in the** [**Online Application**](https://www.cde.state.co.us/apps/ctoy/login)**\*\***