# Signatures

| **APPLICANT SIGNATURE** |
| --- |
| **I hereby submit my application for the Commissioner’s Teacher Cabinet. I acknowledge that that all information in this application is correct. If selected to serve on the CTC, I will be asked to attend at least four meetings per year during the two-year term.**  |
| Signature of Applicant |  |  | Date |  |

| **SCHOOL/BUILDING PRINCIPAL** |
| --- |
| **I acknowledge that the applicant submits this application with my approval. If the applicant is selected to serve on the Commissioner’s Teacher Cabinet, they will be asked to attend at least four meetings per year during the two-year term.** |
| Signature of School Principal |  |  | Date |  |

| **SCHOOL DISTRICT SUPERINTENDENT** |
| --- |
| **I acknowledge that the applicant submits this application with my approval. If the applicant is selected to serve on the Commissioner’s Teacher Cabinet, they will be asked to attend at least four meetings per year during the two-year term.** |
| Signature of Superintendent |  |  | Date |  |

**\*\*Submit completed signatures form to** **teachercabinet@cde.state.co.us** **\*\***