

# 2027 Arkansas Teacher of the Year Candidacy Approval Form

I hereby give my permission for any or all of the attached materials (other than home address, telephone, and private e-mail) to be shared with persons interested in promoting the Arkansas Teacher of the Year Program. My signature denotes that I verify the information provided in this application is true, correct, and complete. I also acknowledge that if selected as the 2027 Arkansas 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, and I also understand that I will begin training for my year of service during the upcoming spring semester.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

## Administrators' Acknowledgements of Candidate's Obligations

I acknowledge that if the candidate is selected as the 2027 Arkansas Teacher of the Year, he/she will be released from classroom responsibilities during the year of service in order to fulfill the obligations inherent in the honor, and I also understand that he/she will begin training for the year of service during the upcoming spring semester. By signing this acknowledgement, I hereby agree to the obligations of the candidate.

### SCHOOL/BUILDING PRINCIPAL

Name \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Telephone

Signature of School Principal \_\_\_\_\_ Date \_\_\_\_\_

### SCHOOL DISTRICT SUPERINTENDENT

Name \_\_\_\_\_ Title \_\_\_\_\_

District Name \_\_\_\_\_

District Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Telephone

Signature of District Superintendent \_\_\_\_\_ Date \_\_\_\_\_

### DISTRICT TEACHER OF THE YEAR PROGRAM COORDINATOR

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Telephone

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_