**2024 ANNE MARIE MURPHY PARAEDUCTOR OF THE YEAR**

**APPLICATION ATTESTATION FORM**

Please provide signatures below to indicate authorization.

**NOMINEE:**

All information and materials contained in this application are subject to release under Connecticut’s Freedom of Information Act. I hereby give permission for materials contained in this application to be shared with persons interested in promoting the Anne Marie Murphy Paraeducator of the Year Award.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINCIPAL or PUPIL SERVICES DIRECTOR:**

I acknowledge that the nominee submits this application with my approval. I acknowledge that the photo of the nominee working with student(s) adheres to the district’s media release policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERINTENDENT:**

I acknowledge that the nominee is the District-selected Paraeducator of the Year and that s/he submits this application with my approval.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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