



REAUTHORIZATION CONTACT FORM

Name of School: _____

The School/University Partnership Office is requesting that the academy designate an individual and provide their contact information for the following topic areas:

Reauthorization Designee:

Serves as the point of contact between the academy and the School/University Partnership Office for communication regarding the reauthorization process.

Name: _____

Phone: _____ Email: _____

Curriculum Designee:

Serves as the point of contact between the academy and the School/University Partnership Office to verify the accuracy of the school's curriculum and provide changes, as necessary.

Name: _____

Phone: _____ Email: _____

Educational Program Designee:

Serves as the point of contact between the academy and the School/University Partnership Office to verify the accuracy of the Educational Program currently contained in the charter contract and provide changes, as necessary.

Name: _____

Phone: _____ Email: _____

Physical Plant Description Designee:

Serves as the point of contact between the academy and the School/University Partnership Office to verify the accuracy of the information contained in Schedule 8 of the charter contract and provide changes, as necessary.

Name: _____

Phone: _____ Email: _____

Position Description Designee:

Serves as the point of contact between the academy and the School/University Partnership Office to verify the accuracy of the job descriptions currently on file and provide changes, as necessary.

Name: _____

Phone: _____ Email: _____