

ADVISORY COUNCIL FOR THE SCHOOLS FOR THE DEAF AND THE BLIND

NOMINATION FORM

PLEASE FILL OUT FORM COMPLETELY

Name		
Home Address	City	Zip
Home Phone	Work Phone	E-Mail Address
Place of Employment		
Address	City	Zip
Employment Title		

NOTE: Prior to submitting this nomination the above named individual must be contacted regarding serving on the Institutional Council. Do not make this nomination until this person has been contacted and agreed to have his/her name submitted for membership on the Institutional Council.

Name of Person Making this Nomination	
Home Phone	Work Phone

Please list two references (include contact information) of individuals who are familiar with the nominee's interest in and knowledge of the needs and education of those who are deaf or hard of hearing, blind or visually impaired, or dual sensory impaired.

Name	Home Phone	Work Phone
Name	Home Phone	Work Phone

The nominee is applying for a position on the Institutional Council representing the following category:

Parent of a Blind or Visually Impaired Student Being Served at USDB (One Position).

<p>Mail or FAX form to: Betty Hall Utah Schools for the Deaf and the Blind 742 Harrison Boulevard Ogden, Utah 84404-5298 FAX: (801) 629-4896</p>

<p align="center">Completed forms must be returned by:</p> <p align="center">July 17, 2009</p>
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PLEASE ATTACH: Background information relating to individual interest in and knowledge of the needs and education of those who are blind or visually impaired. (Nominations will not be considered if this information is not provided.)