

**ADVISORY COUNCIL FOR THE SCHOOLS FOR THE DEAF AND THE BLIND**

**NOMINATION FORM**

*PLEASE FILL OUT FORM COMPLETELY*

<b>Name</b>		
<b>Home Address</b>	<b>City</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>E-Mail Address</b>
<b>Place of Employment</b>		
<b>Address</b>	<b>City</b>	<b>Zip</b>
<b>Employment Title</b>		

**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.

<b>Name of Person Making this Nomination</b>	
<b>Home Phone</b>	<b>Work Phone</b>

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.

<b>Name</b>	<b>Home Phone</b>	<b>Work Phone</b>
<b>Name</b>	<b>Home Phone</b>	<b>Work Phone</b>

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

Parent of a Deafblind Student Being Served at USDB or a Deafblind Individual. (One Position)

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

<p align="center"><b>Completed forms must be returned by:</b></p> <p align="center"><b>July 17, 2009</b></p>
--

**PLEASE ATTACH:** Background information relating to individual interest in and knowledge of the needs and education of those who are Deafblind. (Nominations will not be considered if this information is not provided.)