



**Franklin B. Walter Outstanding Achievement Award
Teacher Release Form
(Please return no later than February 26, 2021)**

Name: _____

Address: _____

(City) **(State)** **(Zip)**

Phone: _____

I, _____, authorize the

_____ School District (School District Name), the State Support Team Region 2, and the Ohio Coalition for the Education of Children with Disabilities and/or their authorized agents to release publicly my name, use videotapes, photographs, and otherwise publish or cause to be published any information relevant to my achievements supporting my selection for recognition of outstanding achievement. This information may be used in local, regional, state, or national publications of the agencies listed above as well as be released to appropriate newspapers and/or news publications.

I authorize release of the above information for the purposes stated.

Signature: _____ **Date:** _____

Address: _____

(City) **(State)** **(Zip)**

Phone: _____