ACTFL
National Language Teacher of the Year
Contact Sheet for Regional Finalists

This form should be completed by the finalist for each region and included in the dossier submitted at the national level.

Candidate Information:

_____
Name

_____
Institution/Position

ACTFL will distribute a press release to the contacts that you designate below announcing your position as a regional finalist for the ACTFL National Language Teacher of the Year. Please add contact information for any other organizations that you would like to receive the information.

Contact Information:

Name of School Superintendent _____

Name of School District _____

_____
Street Address City State Zip Code

Name of School Principal _____

Name of School _____

_____
Street Address City State Zip Code

Local Newspaper:

_____
Name of Publication/Education Editor

_____
Street Address City State Zip Code