School Safety Advocacy Council – 2016 Exemplary School Safety Initiative Award

			School Safety Award Nomination
PERSON MAKING NOM	<u>IINATION</u>		(check one)
Last Name	F	First	Title
Agency		District	
Phone	Fax	E-Mail	
Street Address			
City		State	Zip
Nominee(s)			
Nominees Contact phone:		E-mail:	
Indicate your affiliation w	ith the Nominee?		
Please briefly indicate	se include how long the prog	ed this program and the po	ositive impact you feel it has made on your our area, and the number of participants that
In as much detail as pos	sible, please specifically desc		ominating this person that you feel has gone
	above and beyo	ond in the field of school s	afety.
	(Attach add	litional information if necessary)	
Will members of this agen Conference in Orlando, FI			attending at the 2016 National School Safety agency will be attending?

AWARD NOMINATIONS MUST BE SUBMITTED VIA E-MAIL TO: ADMIN@SCHOOLSAFETY911.ORG