

**South Central Conference
Summer School
Authorization Form
For conference-sponsored teachers
SUMMER 20__**

What level of course(s) do you plan to take? _____ Undergraduate _____ Master's Level

Complete and return to the South Central Conference Office of Education by **January 5, 20__**.
Please type or print legibly in blue or black ink!

Name _____ Date _____
 Last First Middle/Maiden

Permanent Address _____
 Street/Route/PO Box City State Zip

Home Phone _____ Cell Phone _____ SS# _____

E-mail Address _____

What school do you anticipate attending? _____

Location of university or college _____
 Street Address

City _____ State _____ Zip Code _____

How would you like to receive confirmation that your form has been received and approved by the South Central Conference Office of Education? Please select ONE of the options below.

_____ E-mail _____ Regular mail (Information provided above will be used.)

| Course # | Course/Workshop Title | Credit Hours | Dates | Time |
|----------|-----------------------|--------------|-------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Teacher's Signature

Date

*** Scan and send electronically, mail to conference address or fax to (615) 227-6168_**