

MARGARET M. BURLEY OUTSTANDING PARENT AWARD

Parent Release Form - Return via email by 3/7/25

(Please print clearly)

Name _____

Address _____

(Street/PO Box)

(City) (State) (Zip)

Phone (____) _____

Email _____

I, _____, authorize 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** _____

Email completed form to Tamie Cruz at [esclew tc@sstr1.org](mailto:esclew_tc@sstr1.org) by March 7, 2025.