



## District Director Nomination Form

Name: \_\_\_\_\_

School Board: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Nominated by: \_\_\_\_\_

Years on the school board: \_\_\_\_\_

Academy status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other positions/information (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nominated by: \_\_\_\_\_ School Board: \_\_\_\_\_

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Permission for Nomination Form \*  
**(if not self-nominated)**

I, \_\_\_\_\_, give my permission to be nominated for district director.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\* Completion of permission form is not necessary for self-nominations.

If you do not receive confirmation of your nomination from AASB in three business days, please resubmit the nomination and contact the AASB office. AASB will recognize the initial date of submission upon verification.