



#### SECTION IV: ADMINISTRATOR'S STATEMENT

Please check:

I certify that I have reviewed documentation, which verifies that this student is a student with intellectual disabilities as defined by Section 504 of the Rehabilitation Act and/or Title II of the Americans with Disabilities Act, and is currently being served under either of those Acts.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

**Instructions for submission:** When completed and signed by all applicable parties, this application form should be submitted to the NSAA office. *Students will be notified if they will perform at the State Speech Championships on March 9<sup>th</sup>.*

**Send to:**

Taryn Retzlaff, NSAA Assistant Director, [tretzlaff@nsaahome.org](mailto:tretzlaff@nsaahome.org)

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