

PrintED ACCREDITATION NOTIFICATION

The following individuals should receive notification of the program's PrintED accreditation.

Instructor _____ Title _____
Institution _____
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Email _____

Supervisor _____ Title _____
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School Counselor _____ Title _____
Institution _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Email _____

District/County Superintendent _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Email _____

State Department of Education Representative _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
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* Provide contact information for additional individuals on a separate sheet of paper and attach the list to this document.

Mail or fax to: Graphic Arts Education and Research Foundation
 1899 Preston White Drive
 Reston, VA 20191-4367
 Phone: (703) 264-7200 Fax: (703) 620-3165