

**ACTFL**  
**National Language Teacher of the Year**  
**Contact Sheet for Regional Finalists**

**This form should be completed by the finalist for each region and included in the dossier submitted at the national level.**

**Candidate Information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Institution/Position

**ACTFL will distribute a press release to the contacts that you designate below announcing your position as a regional finalist for the ACTFL National Language Teacher of the Year. Please add contact information for any other organizations that you would like to receive the information.**

**Contact Information:**

\_\_\_\_\_  
Name of School Superintendent

\_\_\_\_\_  
Name of School District

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of School Principal

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Local Newspaper:**

\_\_\_\_\_  
Name of Publication/Education Editor

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code