

Intermediate Unit Sign-off Sheet

July 2021 Submission Sign-Off Process

- 1) The Verify Reports should be reviewed for correctness. The IU should print off the Authorization Form for signature by the IU Executive Director. Boxes for Table 1 through Table 12 should be checked.
- 2) The Authorization Form should be scanned and emailed to the PaSDC by end of business one week after receipt of Verify Reports **unless otherwise specified by PaSDC**. The email address is: penndata@psu.edu.
- 3) Original authorization form and copies of the 1st page of each report should reach the PaSDC at the following address by one week after scanned and emailed to PaSDC **unless otherwise specified by PaSDC**.

Pennsylvania State Data Center
Institute of State and Regional Affairs
Penn State Harrisburg
777 West Harrisburg Pike
Middletown, PA 17057-4898

- 4) Original authorization letters and individual IU reports will be printed, copied and filed by the PaSDC.

___ I have reviewed the Reports marked below for Intermediate Unit _____ and affirm that they are correct. I understand this information will be submitted to the Pennsylvania Department of Education for reporting purposes to the U.S. Department of Education.

Authorization Form for July Submission

Check **ONE** of the following two groups of Verify Reports:

- | | | |
|----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Exiting | <input type="checkbox"/> Discipline | <input type="checkbox"/> Personnel |
| <input type="radio"/> Disability | <input type="radio"/> Disability | <input type="radio"/> Table 1 |
| <input type="radio"/> Race | <input type="radio"/> Race | <input type="radio"/> Table 2 |
| <input type="radio"/> Gender | <input type="radio"/> Gender | <input type="radio"/> Table 3 |
| <input type="radio"/> LEP | <input type="radio"/> LEP | |

OR

___ I have reviewed the Reports marked below for Intermediate Unit _____ and affirm that they are acceptable with the corrections attached. I understand this information will be submitted to the Pennsylvania Department of Education for reporting purposes to the U.S. Department of Education.

- | | | |
|----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Exiting | <input type="checkbox"/> Discipline | <input type="checkbox"/> Personnel |
| <input type="radio"/> Disability | <input type="radio"/> Disability | <input type="radio"/> Table 1 |
| <input type="radio"/> Race | <input type="radio"/> Race | <input type="radio"/> Table 2 |
| <input type="radio"/> Gender | <input type="radio"/> Gender | <input type="radio"/> Table 3 |
| <input type="radio"/> LEP | <input type="radio"/> LEP | |

Signature

Date

Name and Title printed