

# Intermediate Unit Sign-off Sheet

## July 2022 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](mailto:penndata@psu.edu).
- 3) Original authorization ~~forms and copies of the 1<sup>st</sup> 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  
Middleton, 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