

NEW HAMPSHIRE STATE DEPARTMENT OF EDUCATION
 DIVISION OF PROGRAM SUPPORT
 BUREAU OF CREDENTIALING
 101 Pleasant St., Concord, NH 03301-3860
 603-271-2408

RENEWAL FORM FOR EMPLOYED SUPERINTENDENTS
 EXPIRATION JUNE 30, 2012

***NOTE:** The superintendent 3 year plan documentation, which indicates verification of the completed activities, must accompany this form. Plan for next 3 year cycle should be included in the submittal.*

EDUCATOR #	CURRENT MAILING ADDRESS	INDICATE NAME/ADDRESS CHANGES

SAU E-MAIL/FAX _____

CURRENT EMPLOYMENT INFORMATION:

SIGNATURE OF SUPERINTENDENT

DATE

Endorsement Code

Endorsement Name

The above named individual:

_____ Will be re-employed as Superintendent.

_____ Will not be re-employed as Superintendent.

PLEASE NOTE: ANY EDUCATOR WHO HAS NOT RENEWED BY **JUNE 30, 2012** IS SUBJECT TO A LATE FEE OF \$50.00.

Renewal fee is \$130.00. Please make check payable to **STATE OF NEW HAMPSHIRE**. Mail form with check to **Dr. Judith D. Fillion, Director, Division of Program Support, New Hampshire State Dept. of Education, 101 Pleasant St., Concord, N. H. 03301-3860.**

DEPARTMENT OF EDUCATION APPROVAL

 Date

 Signature: Dr. Judith D. Fillion, Director, Division of Program Support

RETURN renewal form with the \$130.00 RENEWAL FEE (check made payable to State of New Hampshire), TO: Dr. Judith D. Fillion, Director, Division of Program Support, N. H. State Dept. of Education, 101 Pleasant St., Concord, N. H. 03301-3860.