



Office of Special Education

Stephen Barr, Ed.D. • Assistant Commissioner

205 Jefferson Street, P.O. Box 480 • Jefferson City, MO 65102-0480 • dese.mo.gov

TO: President, Board of Directors
FROM: Dan Gier, Director
RE: OFFICIAL SIGNATURE RECORD

Please have the officers of the workshop corporation named below sign where indicated. This record of the signatures of the officials of the not-for-profit corporation is necessary for the submission of documents, and/or funds, via mail or fax, or other electronic means, for state aid and approval of workers with disabilities for employment. Return this sheet, when completed, to:

Dan Gier, Director
Extended Employment Sheltered Workshops
Department of Elementary and Secondary Education
P. O. Box 480
Jefferson City, Missouri 65102

Workshop Corporate Name

Street or P. O. Box City State Zip Code

FISCAL YEAR: Beginning , 20 Ending , 20

President (printed name) Signature

Vice-President (printed name) Signature

Secretary (printed name) Signature

Manager (printed name) Signature