

SPECIAL OCCASION ACKNOWLEDGEMENT FORM

Please complete the Information Section and return form to ETFO Thames Valley Teacher Local by fax (519-474-3664) or email (etfotvtl@etfothamesvalley.com).

INFORMATION SECTION

(Please Print)

Due to the Privacy Legislation the following information must be completed and signed by the Member being recognized.

ETFO Member to be recognized: _____

School: _____

OCCASION FOR REQUEST – Please complete appropriate section.

A. **Award** (Specify): _____

B. **Birth** **Adoption** **Date:** _____

Boy (Name): _____

Girl (Name): _____

C. **Graduation** (Degree): _____ **Date:** _____

D. **Marriage**

Name Change? From: _____ To: _____

E. **Death**

Loss of: _____

F. **Other** (Please Indicate): _____

Privacy Declaration

I _____ authorize ETFO Thames Valley Teacher Local to publish my name, school and the above information on the secure services section of the website.

(Signature)

(Date)