

OREGON'S
TEACHER of the **YEAR**
2025-26

CANDIDATE SIGNATURE

In signing this form:

- I certify that at the time of this application, I plan to continue teaching in the classroom during the 2025-26 school year. (i.e. I am not retiring, taking a leave of absence or planning to move into an administrative position.)
- I give my permission that any or all of the 2025-26 Oregon Teacher of the Year application materials (other than home address, telephone and date of birth) may be shared with persons interested in promoting the Oregon Teacher of the Year Program.
- I acknowledge that if selected as the 2025-26 Oregon Teacher of the Year, I will be filmed for a statewide campaign highlighting the program and celebrating educators.
- I acknowledge that if selected as the 2025-26 Oregon Teacher of the Year, I will be released from the classroom to attend statewide, national and potentially international events throughout the school year to fulfill the obligations of this role and represent Oregon educators.

Signature of Candidate _____ Date _____

SCHOOL PRINCIPAL AND DISTRICT SUPERINTENDENT

Principal Name _____

Principal Email: _____ Principal Phone: _____

School Name _____

In signing this form, we acknowledge that the nominee submits this application with our approval and support. We also acknowledge that if the nominee is selected as the 2025-26 Oregon Teacher of the Year, substitute coverage will be arranged by the school and/or district. This will allow the nominee to be released from the classroom to attend and prepare for statewide, national and potentially international events throughout the school year to fulfill the obligations of this role and represent Oregon educators.

Signature of School Principal _____ Date _____

Signature of Superintendent _____ Date _____