

**ORIGINAL**

Ina A. Colen Academy

**BOARD APPEARANCE RECORD**

Must deliver BOTH copies of this form to Dr. Christy Noe (cnoe@iacafll.org) or Rebecca Rogers (rrogers@iacafll.org)  
at least 1 hour prior to scheduled board meeting

Meeting Date \_\_\_\_\_

Speaking?  YES  NO

Agenda item Addressed \_\_\_\_\_

*Comments are limited  
to 3 minutes.*

Name \_\_\_\_\_ Representing \_\_\_\_\_

Job Title \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This form is part of the public record for this meeting.

**COPY**

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