DISTRICT OF COLUMBIA

EDUCATION LICENSURE COMMISSION

# PUBLIC COMMENT FORM

Please use this form if you would like to offer input for the Commission to consider regarding an institution that appears on the public meeting agenda. Please type or print legibly using blue or black ink.

**SUBJECT:**

**COMMISSION MEETING DATE:**

**COMMENTS:**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Your Name*\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Mailing Address* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*City/State/Zip Code*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Phone*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address | Please return comments 7 days before the scheduled meeting to: Education Licensure Commission810 1st St, NE, 2nd FloorWashington, DC 20002 or Email to: osse.elcmail@dc.gov |