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**Request for Appointment of Validation Team Members**

**To Be Completed by the School Administrator**

As soon as all Validation Team members are recruited, please complete this form electronically and email it to your LCMS District Education Executive for his/her review. This form must be accompanied by all completed *NLSA Conflict of Interest* forms for each individual Validation Team member. All Validation Team members must be approved by the district and appointed by the NLSA Executive Director no later than 30 days prior to the visit.

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| School Name: |  |
| School Address: |  |
| LCMS District: |  |
| Administrator Name(s): |  |
| Accreditation Protocol: |  |
| Partner Agency Accreditation: |  |
| Validation Team Visit Date: |  |

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| **Requested Validation Team Members** | | | |
| **Team Member Name**  **(Captain Listed First)** | **Validation Team Position** | **Current School (Name, City, State)** | **Indicate “Public”, “Lutheran” or “Other Christian”** |
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**Instructions for LCMS District Offices:**

Upon review and approval of this form by the District Education Executive, it is to be submitted along with all *Conflict of Interest* documentation to the LCMS Office of School Ministry at [School.Ministry@lcms.org](mailto:School.Ministry@lcms.org). All documentation for the approval of a Validation Team (*Request for Appointment of Validation Team Members* and *NLSA Conflict of Interest* forms) are to be sent as a **single** email to avoid delays in approval or confusion with other NLSA documentation.