



MINNESOTA SCHOOL COUNSELORS ASSOCIATION

## RETIREMENT RECOGNITION

### IDENTIFYING INFORMATION

Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

TOTAL NUMBER OF YEARS IN EDUCATION: \_\_\_\_\_

TOTAL NUMBER OF YEARS IN COUNSELING: \_\_\_\_\_

DATE OF RETIREMENT: \_\_\_\_\_

### INDIVIDUAL SUBMITTING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Submit ALL materials by MARCH 1<sup>st</sup> in triplicate (3 separate packages) and mail to:

MSCA Awards Chairperson  
Shelly Landry  
Minneapolis Public Schools  
425 5th St. NE  
Minneapolis, MN 55413