



**KHSAA TITLE IX RE-VISIT
VERIFICATION OF FORMS
2009-2010 SCHOOL YEAR**

The

High School

,

City

, Kentucky

certifies to the KHSAA that the following is an accurate and true representation of the facts surrounding compliance with 20 V.S.C. Sections 1681-1688, it. Seq. (also known as Title IX).

The following persons are to be identified:

School District Title IX Coordinator:

Name	
Professional Title	
Phone Number	()
Address	

School Title IX Coordinator:

Name	
Professional Title	
Phone Number	()
Address	

The following *signatures* verify the authenticity of the documents included:

	SIGNATURE	DATE
Principal		
School Title IX Coordinator		
Superintendent		
District Title IX Coordinator		
School Board Chairperson		



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School Name: _____

Gender Equity Review Committee Members:

MEMBER NAME	TITLE	SIGNATURE	DATE	(✓)*

- Please check (✓) if Committee member has reviewed this final submission.