



**KHSAA TITLE IX RE-VISIT  
VERIFICATION OF FORMS  
2008-2009 SCHOOL YEAR**

The 

<b>High School</b>

<b>City</b>

, 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:**

<b>Name</b>	
<b>Professional Title</b>	
<b>Phone Number</b>	(     )
<b>Address</b>	

**School Title IX Coordinator:**

<b>Name</b>	
<b>Professional Title</b>	
<b>Phone Number</b>	(     )
<b>Address</b>	

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

	<b>SIGNATURE</b>	<b>DATE</b>
<b>Principal</b>		
<b>School Title IX Coordinator</b>		
<b>Superintendent</b>		
<b>District Title IX Coordinator</b>		
<b>School Board Chairperson</b>		



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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.