# Minnesota Perkins Leader Appointment Form

This form represents the information that must be completed whenever there is a change in Perkins leadership within consortium for either Secondary or Postsecondary. It provides official documentation of the leadership transition and ensures communication continuity.

1. **Section 1: Outgoing Perkins Leader Information**
* Former Perkins Leader Name
* Former Perkins Leader Email
* Secondary or Postsecondary
1. **Section 2: Incoming Perkins Leader Information**
* New Perkins Leaders Name
* Title/Position
* Email
* Pronouns
1. **Section 3: Authorization**

I hereby authorize the appointment of the individual listed above as the Perkins Leader for our institution/consortium.

**Authorized Administrator (President, Principal, or Superintendent):**

* Name
* Title
* Institution
* Signature (as possible)
* Date
1. **Section 4: Additional Notes (optional)**

**Include any questions you may have for the state staff during your transition.**

Please complete this form and upload it here.

For questions, **email** jared.reise@minnstate.edu