TO: SECME, INC.

FROM: ________________________________________, ________________________________________
(ISL Organization Director) (PLEASE PRINT) (Title)

ISL ORGANIZATION: ________________________________________________________________

STATE: ________________________________________

EMAIL: ________________________________________________ PHONE: _____________________

My organization wishes to establish a SECME program at our site. As the ISL Organization Director
(referred to as a SECME District Program Director in a school district setting), I am authorized to
make program decisions for our organization and I have assigned the individual named below to
serve as the SECME Site Coordinator (referred to as a SECME School Coordinator in school settings).

As an ISL Education Partner, we agree to represent and acknowledge our affiliation with SECME Inc.
for program activities, resources, and documents provided for the purposes of SECME program
implementation and participation.

___________________________________________________             _________________________
(ISL Organization Director’s Signature       Date)

ISL Site Name:__________________________________________________________________________

Site Address:_______________________________________________________________________________

SECME Site Coordinator’s Name (PLEASE PRINT):______________________________________________

SECME Site Coordinator’s Email address:_______________________________________________________

SECME Site Coordinator’s Phone: __________________________

Please email or fax to the SECME National Office
(470) 235-1910
secme@coe.gatech.edu