

Selective Review Information Request Completion Certification

Complete and return the enclosed Certification to the Schools and Libraries Division (SLD). If the applicant's authorized representative completed the information in this document, please *attach a copy of the letter of agency or other agreement* between the applicant and consultant authorizing them to act on the school or library's behalf. For the purposes of this form, in the Employer's Name field, a consultant should enter the name of his or her consulting firm. Please note that if an authorized representative signs this form, a signer of school or library official is also required in the space provided below.

SECTION 1: AUTHORIZED SIGNER INFORMATION			
Name of Authorized Signer	Title		
Email Address	Telephone Office:	Fax:	
Authorized Signer's Employer's Name			
Employer's Street Address	State	Zip Code	
SECTION 2: APPLICANT INFORMATION			
Billed Entity Name	Billed Entity Number		
Funding Year 2008 Forms 471 Application Numbers:			
SECTION 3: CERTIFICATION STATEMENTS			
<ul style="list-style-type: none"> ▫ I certify that I prepared the responses in this document on behalf of the above named entity. ▫ I certify that despite any budget deficits, fund-raising effort shortfalls, or other uncertainties we expect to be able to finance this budget. 			
Authorized Signer's Signature	Date		
Authorized School or Library Official's Signature	Date		
Title of Authorized School or Library Official			

The FCC's Fifth Report and Order (FCC 04-190) released on August 13, 2004, sets out document retention requirements for program participants. Failure to comply with these requirements will put your funding at risk.