

**Howard County Public School System
10910 Clarksville Pike
Ellicott City MD 21042**

ETHICS PANEL

APPLICATION TO PROVIDE AN ADVISORY OPINION

I(we) hereby request an Advisory Opinion relative to the Ethics Regulations regarding the following:

(Set forth detailed statement of facts.)

(Use additional pages as necessary.)

I(we) hereby declare and affirm under the penalties of perjury that the contents of this document and any attachment(s) are true and correct to the best of my/our knowledge, information, and belief.

REQUESTER(S)

(TYPE/PRINT)

(SIGNATURE)

(TYPE/PRINT)

(SIGNATURE)

(TYPE/PRINT)

(SIGNATURE)

ADDRESS: _____

_____ Telephone _____

Date submitted