



STATE LIBRARY OF IOWA

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SIGNATURE PAGE FY20

The library director and board president must sign this form in order to complete the accreditation application process. Scan and submit the completed document to Toni Blair at toni.blair@iowa.gov, or fax to 515-281-6191, or mail to State Library of Iowa, 1112 E. Grand Ave., Des Moines, Iowa 50319.

I certify that the Accreditation Application Form and all supporting documentation for FY20 are true and correct to the best of my knowledge.

Signed (Director) _____ Printed Name _____

Signed (Board President) _____ Printed Name _____

Library _____ Date _____