

**SCHOOL NUTRITION PROGRAMS  
VIRGINIA DEPARTMENT OF EDUCATION  
P. O. BOX 2120  
RICHMOND, VIRGINIA 23218-2120**

**TO BE COMPLETED WHEN A NEW SUPERINTENDENT IS APPOINTED**

**Designation of Division Superintendent**

School Division \_\_\_\_\_ Division No. \_\_\_\_\_

has designated (Name) \_\_\_\_\_ as Division

Superintendent, until further notice.

\_\_\_\_\_  
**Signature - Division Superintendent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature - Clerk of the Board**

\_\_\_\_\_  
**Date**