

# Award Notification Request Form

Please print or type

1. CLEARLY PRINT YOUR NAME: \_\_\_\_\_ YOUR AFP ID# \_\_\_\_\_

## Section A

Please send a letter noting my designation to my employer/supervisor/manager noted below:

2. SUPERVISOR NAME  MR.  MS.  MRS. \_\_\_\_\_

3. TITLE: \_\_\_\_\_

4. ORGANIZATION: \_\_\_\_\_

5. ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

*If you want us to send additional letters to other individuals, please duplicate this form and submit separately.*

## Section B

If you have recently moved or changed jobs, please update your contact information below:

1. HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

2. HOME PHONE: \_\_\_\_\_

3. BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

4. BUSINESS PHONE: \_\_\_\_\_

5. FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return this form to:

AFP OR FAX: 301.907.2864  
Attn: CERTIFICATION  
DEPARTMENT  
4520 East-West Highway  
Suite 750  
Bethesda, MD 20814