

*Use this form to send a copy of your application to your State Education Agency. Do not send this form to the U.S. Department of Education.*

**To:**

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***State Education Agency Representative***

**From:**

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***School District Name and Address***

Enclosed is a copy of our school district's Impact Aid application. If you have any concerns about the information reported in this application, please contact the Impact Aid Program, U.S. Department of Education within fifteen days of your receipt of this copy. Send your comments to:

*Catherine Schagh, Director  
Impact Aid Program  
U.S. Department of Education  
400 Maryland Avenue SW  
Washington, D.C. 20202-6244*

If you do not provide any comments, the U.S. Department of Education will assume that the information in the application is, to the best of your knowledge, true, complete, and correct.