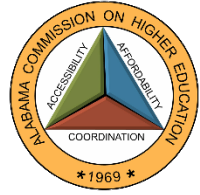


Alabama Commission on Higher Education
100 North Union Street
P.O. Box 30200
Montgomery, Alabama 36130-2000



**Superintendent ATLAP Attestation Form
for the Athletic Trainers Loan Assistance Program (ATLAP)**

I, _____, hereby attest that I am the
Superintendent of the _____ (school/school system) in
the State of Alabama. I certify that _____ is an Athletic
Trainer who works a minimum of twenty (20) hours per week during the _____ semester at
_____ [name of school(s)], which requires athletic
training services for sanctioned activities governed by the Alabama High School Athletic Association
(AHSAA).

Signature of Superintendent

Date (mm/dd/yyyy)

Printed Name of Superintendent

STATE OF ALABAMA)

COUNTY OF _____)

Before me, the undersigned authority, a Notary Public in and for said State and County, personally
appeared _____ (Individual Signature) who, after being
made known to me and being first duly sworn by me, says that the contents thereof are true and correct
to the best of his/her knowledge, information, and belief.

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 202__.

Notary Public

My Commission Expires: _____