

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Designation of Compact Officials Form

The following individuals have been designated as the Compact Administrator(s) for the

State of _____ **(Please write the full name of the state.)**

Compact Administrator(s):

Name *(please print)*

Name *(please print)*

Title

Title

Agency

Agency

Phone

Phone

E-mail

E-mail

Deputy Compact Administrator(s):

Name *(please print)*

Name *(please print)*

Title

Title

Agency

Agency

Phone

Phone

E-mail

E-mail

Signature*

Name *(please print)*

Title

Agency

Date

*** Person in the state who has authority to designate Compact Officials.**