



Hampshire
County Council



Awarded for excellence

RESIGNATION OF GOVERNING BODY REPRESENTATIVES

SCHOOL	
DFES NUMBER	
NAME OF GOVERNOR	
ADDRESS	
	POSTCODE:
TEL NUMBER	
CATEGORY: (e.g. parent, staff, lea, community, partnership, sponsor)	
DATE OF RESIGNATION	
REASON FOR RESIGNATION (e.g. moved away, other commitments, disqualified, term of office completed)	

SIGNED:

DATE:

Please return this form to your local Governor Services office asap.