



## SPECIAL PURPOSE EDUCATIONAL PERMIT ANNUAL REPORT

State Form 51828 (R / 9-15)  
Department of Natural Resources

### DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife  
402 W. Washington St., Rm. W273  
Indianapolis, IN 46204-2781  
Telephone: (317) 233-6527  
Fax Number: (317) 232-8150

Name of Permit Holder \_\_\_\_\_

Annual Report for Year 20\_\_\_\_

Street Address (*number and street*) \_\_\_\_\_

Telephone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Email \_\_\_\_\_

**INSTRUCTIONS:** Please provide (*type or print*) the information requested below for all wild animals (*including migratory birds*) possessed under your educational permit during the report year, and return the completed report to the above address by **February 1st of each year**. Use of this form is not mandatory, but the same information must be submitted. You must submit a report even if you had no activity during the report year. Please make sure you sign and date the certification below before submitting your report.

Species ( <i>Common Name</i> )	Number Used	Location of Program ( <i>City and County</i> )	Date of Program ( <i>mm/dd/yyyy</i> )	Name of Organization / School / Group to whom program was given

**CERTIFICATION:** Under the penalties of perjury (IC 35-44-2-1), I certify that the information in this report is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date (*mm/dd/yyyy*) \_\_\_\_\_