

TROTWOOD-MADISON CITY SCHOOLS

PERMISSION TO DISTRIBUTE MATERIALS AND/OR RECEIVE VISITORS

Organization submitting request: _____

Contact person: _____ Date: _____

Phone # : _____ Fax # : _____

_____ All Schools

_____ High School

_____ Early Learning Center

_____ Elementary

_____ Students

_____ Staff

_____ Students & Staff

Comments: _____

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I have reviewed the attached material(s) and give permission to distribute in your building.

_____ Superintendent

_____ Date

Comments: _____

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Request for distribution has been denied based on the following reason(s):

_____ Insufficient time to consider

_____ Not a non-profit organization

_____ Organization information unverifiable

_____ Other: _____

_____ Superintendent

_____ Date

Comments: _____
