



TRACY

UNIFIED SCHOOL DISTRICT

REQUEST TO NAME SCHOOL/SCHOOL FACILITY FORM

*This form MUST be received no later than 5:00 p.m. on February 8, 2024,
in the Superintendent's Office or by email to sasmith@tusd.net*

*"The future belongs
to the educated"*

Dr. Rob Pecot
Superintendent
(209) 830-3201
(209) 830-3204 Fax

Tania Salinas
Associate Superintendent
of Business Services
(209) 830-3230
(209) 830-3259 Fax

Julianna Stocking
Associate Superintendent
of Educational Services
(209) 830-3202
(209) 830-3209 Fax

Tammy Jalique
Associate Superintendent
of Human Resources
(209) 830-3260
(209) 830-3264 Fax

1875 W. Lowell Ave.
Tracy, CA 95376

www.tracy.k12.ca.us
[Facebook.com/TracyUnifiedSD](https://www.facebook.com/TracyUnifiedSD)

Name of submitting party: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Requested Name of School/School Facility:

Location of School Site/Facility:

TRACY HIGH SCHOOL AQUATIC COMPLEX

Reason(s):

Received by TUSD on: _____

Received by: _____