TROTWOOD-MADISON CITY SCHOOLS

PERMISSION TO DISTRIBUTE MATERIALS AND/OR RECEIVE VISITORS

Organization submitting request: _____

Contact person: _____ Date: _____

Phone # : _____ Fax # : _____

Email address: _____

_____ All Schools _____ Westbrooke Village

_____ Early Learning Center _____ Middle School

_____ Madison Park _____ High School

_____ Students _____ Staff _____ Students & Staff

Comments: _____

_____

_____

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

_____ _____

Authorized Signature Date

Comments: _____

_____

_____

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: _____

_____ _____

Authorized Signature Date

Comments: _____

_____

Updated 7/13