

# REQUEST TO SPEAK TO THE ROBERTSON COUNTY BOARD OF EDUCATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent

Vendor

Citizen

Employee

Other (specify) \_\_\_\_\_

TOPIC: \_\_\_\_\_

Information is provided

Appeal a Decision

Bring Awareness

Discuss Product/Business

Previous efforts to resolve issue: (Persons requesting to speak must have attempted to resolve issues at the appropriate levels.)

Building Level Principal

Yes

No

Date \_\_\_\_\_

Meeting Results: \_\_\_\_\_

System Level Administrator

Yes

No

Date \_\_\_\_\_

Meeting Results: \_\_\_\_\_

Director of Schools

Yes

No

Date \_\_\_\_\_

Meeting Results: \_\_\_\_\_