



Community Unit School District 303

DISTRICT-WIDE DISTRIBUTION REQUEST FORM

DATE:

ORGANIZATION NAME:

CITY/STATE:

CONTACT NAME:

EMAIL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

POSTING DATES:

From:

To:

(Limit two months)

POSTING TITLE:

GRADE LEVEL: (Please check all that apply)

- | | | | | | |
|-----------------|--------------------------|-----------------|--------------------------|------------------|--------------------------|
| K | <input type="checkbox"/> | 6 th | <input type="checkbox"/> | 9 th | <input type="checkbox"/> |
| 1 st | <input type="checkbox"/> | 7 th | <input type="checkbox"/> | 10 th | <input type="checkbox"/> |
| 2 nd | <input type="checkbox"/> | 8 th | <input type="checkbox"/> | 11 th | <input type="checkbox"/> |
| 3 rd | <input type="checkbox"/> | | | 12 th | <input type="checkbox"/> |
| 4 th | <input type="checkbox"/> | | | | |
| 5 th | <input type="checkbox"/> | | | | |

For District Use Only

Permission has been **granted** to post information on the District 303 Web Site

DATE:

Approved by: _____

Permission has been **denied** to post information on the District 303 Web Site

DATE:

Denied by: _____