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# Community Unit School District 303

## DISTRICT-WIDE DISTRIBUTION REQUEST FORM

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DATE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

POSTING DATES: \_\_\_\_\_  
(Limit two months)

From:

To: \_\_\_\_\_

POSTING TITLE: \_\_\_\_\_

GRADE LEVEL: (Please check all that apply)

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

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### 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: \_\_\_\_\_