



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:
(Limit two months)

From: _____

To: _____

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: _____