



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: _____