

Olathe Public Schools
REQUEST FOR FREE DISTRIBUTION OF MATERIALS

Return this form to jdmauk@olatheschools.org along with a copy of the information to be distributed.

Date _____ Name of Organization _____

Person(s) Making Request _____

Address _____

Email _____ Phone _____ Fax _____

Is the organization non-profit? yes ___ no ___ Non-Profit 501c3 number _____

1. What is the purpose of the distribution? _____

2. Describe the material to be distributed. _____

3. Distribution is requested for:

students ALL students male only female only

specify grade(s) _____

specify school(s) _____

4. Timeline for Distribution:

begin on _____ **end on** _____

5. Distributions are electronic. Should a building administrator determine a need for print copies, the administrator will contact the organization.

6. Permission to distribute materials does not constitute any endorsement of the event or activity by the Olathe School District. Furthermore, Olathe School District does not assume any responsibility as to the accuracy of the material's content that is being requested for distribution.

7. My signature verifies that I have read, understand and will comply with all district guidelines pertaining to the free distribution of materials.

Signature of requester _____

- Olathe District Schools Office Use -

Date Request Received _____ Date Request Acted Upon _____

Disposition of Request

____ A. General Approval as requested.

____ B. Limited distribution:

____ C. Distribution not allowed.

Signature of District Official Granting Approval