Request for Distribution of Information/Material
To Washington Township Staff, Students/Parents

*Please review the guidelines available on the MSDWT district website before submitting your request.*

Your Name: _______________________________ Date of Request: ______________

Company or Organization Represented: ______________________________________

501c3 Number: __________________________________

(A current copy of your 501c3 Registration MUST be turned in with this Request Form – NO REQUESTS WILL BE CONSIDERED WITHOUT A CURRENT COPY)

Company or Organization Address: ______________________________________

Contact Phone Number: ____________________________ Email Address: _________________________

Secondary Contact Name: ___________________________________________________________

Secondary Contact Phone: ___________________________

Website address (if applicable): __________________________________________

Please Indicate below the category of your request (REFER TO THE MSDWT DISTRIBUTION OF INFORMATION PROCEDURES AND GUIDELINES)

☐ Advertising and Promotional Materials – Not for Profit Organization
☐ Advertising and Promotional Materials – For Profit Organization
☐ Curricular Materials (ONLY APPLICABLE TO MSDWT SCHOOLS AND SCHOOL PERSONNEL)
☐ Scholarship Materials
☐ Tickets

Please explain the purpose of your request for distribution:

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____________________________________________________________________________________
Check the box next to the school or group you are requesting to receive your information or materials:

- Nora Elementary
- Allisonville Elementary
- Spring Mill Elementary
- Fox Hill Elementary
- Greenbriar Elementary
- Crooked Creek Elementary
- Clearwater Elementary
- Willow Lake Elementary
- Hilltop School (Developmental Pre-School)
- Westlane MS
- Northview MS
- Eastwood MS
- North Central HS
- Staff

Check below the methods of Distribution you are Requesting:

- Send flyer home with Elementary
- Mention in school Newsletters
- Mention in District publications
- Signage on school or district property
- Presence at School Event*

* (Please indicate requested event and date(s)).
- MSDWT Social Media
- MSDWT School Messenger Phone System

Approval may be for all or partial request. Only items approved may be distributed and any alteration of approved materials or ways of distribution may result in this and future requests being revoked.

Signature: ___________________________ Date: ____________

Completed by MSDWT Office of Assistant Superintendent

Date Received: _____________ Date Reviewed by District: ______________

Approved: _____  Denied: _____

Notes: __________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

RETURN THIS FORM ALONG WITH A COPY OF MATERIALS REQUESTED FOR DISTRIBUTION TO:

Susan Roseman: roseman@msdwt.k12.in.us

**Please allow 7-10 days for processing.**

Revised 8/8/19