



FORMS AUTHORIZATION REQUEST

Form Title: _____ Request Date: _____

Form Type: New Revised (see box below) Obsolete

Languages: English Spanish Haitian-Creole

Function of Form:

If revising a form, please attach the existing form with clearly marked revisions.

Does the form impose requirements or solicit any information not required by Statute or by an existing rule? Yes No

Form's Targeted Audience:
(Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> All Employees | <input type="checkbox"/> District Administrators | <input type="checkbox"/> School Administrators |
| <input type="checkbox"/> Instructional | <input type="checkbox"/> Non-Instructional | <input type="checkbox"/> Students |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Other Persons | |

Do you authorize Records & Forms Management to make this form available via our website?

Yes No

Select the option that addresses the availability of this form.

- M-DCPS Employees Access Only Public Access

Work Location Name/Number: _____

Form Initiator: _____ Contact Number: _____

Administrator's Name/Title: _____

Administrator's Authorizing Signature: _____

FOR OFFICE USE ONLY

Board Approval: Yes No

Signature _____