



## 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.)

- All Employees  District Administrators  School Administrators  
 Instructional  Non-Instructional  Students  
 Parents  Other Persons

Do you authorize Records & Forms Management to make this form available via our website?  
 Yes  No

Work Location Name/Number:

Form Initiator:

Contact Number:

Administrator's Name/Title:

Administrator's Authorizing Signature: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Board Approval:  Yes  No

Signature \_\_\_\_\_