



MIAMI-DADE COUNTY PUBLIC SCHOOLS REQUEST FOR SUPERINTENDENT'S APPEARANCE

School/Group/Individual Making the Request: _____

Contact Name: _____ Phone #: _____ Fax: _____

Name/Type of Function: _____

Date of Function: _____ Time of Function: _____

Location of Function: _____

Theme or Purpose of Function: _____

Superintendent's Role: _____

If the Superintendent is asked to speak, what is the estimated time allotted for his remarks?

Total Estimated Time of Superintendent's Involvement: _____

Has parking been reserved? _____ Please provide details and a parking permit, if necessary.

Is there anything else the Superintendent needs to know?

Signature (Cabinet Member)

Please Print Name

Title

Date of Request

Please return this form to Superintendent Alberto M. Carvalho at:

Miami-Dade County Public Schools
1450 N.E. 2 Avenue, Room 912
Miami, Florida 33132

or

M-DCPS Mail Code 9999
Room 912