



Department of Communications
Administration Center
1810 North Grant Street
Lebanon, IN 46052

Phone: 765-482-0380
www.leb.k12.in.us/communications

REQUEST TO DISTRIBUTE INFORMATION TO STUDENTS, STAFF, AND FAMILIES

Notice of approval will be sent to you within two weeks of receiving your request. Prior to submitting a request, please review the attached guidelines in full.

NAME		DATE OF REQUEST
COMPANY/ORGANIZATION		501c3 NUMBER (Please note: if applicable, a current copy of 501c3 Registration must be submitted with requests)
COMPANY/ORGANIZATION ADDRESS		WEBSITE ADDRESS
CONTACT PHONE NUMBER	EMAIL ADDRESS	
SECONDARY CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

CATEGORY: Please indicate below the category of your request (Refer to LCSC Request to Distribute Information Guidelines- Categories).

- Pre-approved District or District-affiliated Informational Material
- Fundraising, Advertising, and/or Promotional Materials (District-affiliated and Non-profit Organizations)
- Advertising and Promotional Materials (For-profit Organizations)
- Curricular Materials
- Scholarship Materials
- Tickets

PURPOSE: Please explain the purpose of your request for distribution as you want it to appear:

RECIPIENT(S): Please check the box next to the grade level(s) and/or groups you are requesting to receive your information. Select all that apply:

- Elementary students (Kindergarten-5th grade)
- Middle school students (6th-8th grade)
- High school students (9-12 grade)
- Staff



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LIMITED REQUEST: If you request your information to be distributed to a limited group of recipients (e.g. *students in 3rd grade*), please specify below:

Please briefly explain purpose of limited request (e.g. *program is for students in 3rd grade only*):

METHODS OF DISTRIBUTION: Please check the box next to the method(s) of distribution you are requesting:

- | | |
|---|---|
| <input type="checkbox"/> Community folder | <input type="checkbox"/> Skyward Message Center |
| <input type="checkbox"/> Individual flyers | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Presence at school events | <input type="checkbox"/> Staff email |
| <input type="checkbox"/> Signage on school property | <input type="checkbox"/> Website announcement |

ATTACHMENTS: Please include any relevant materials or files.

CONFIRMATION

By submitting this request, you indicate that you understand that approval may be granted for all or partial request. Only items specified and approved on this form may be distributed. Any alteration of approved materials, alternate distribution methods, or additional distribution efforts may result in this and/or future requests being revoked.

SIGNATURE

DATE

RETURN THIS FORM TO:

Jen Todderud, LCSC Administration Center
1810 N. Grant Street Lebanon IN 46052
765-482-0380 ext. 31822
todderudj@leb.k12.in.us

OFFICE USE ONLY: To be completed by LCSC Communications Department

DATE RECEIVED

DATE REVIEWED

DATE NOTIFIED

- APPROVED
 DENIED

NOTES: _____

REVIEWER'S INITIALS