

APPROVAL NOTICE:
DISTRIBUTION OF MATERIALS

BALTIMORE COUNTY PUBLIC SCHOOLS

NAME OF SCHOOL/OFFICE: _____

NAME OF ORGANIZATION: _____

TYPE(S) OF DISTRIBUTION: ___ TAKE-HOME FOLDER
(CHECK ALL THAT APPLY) ___ DISPLAY TABLE
 ___ BULLETIN BOARD

CONTACT PERSON: _____

PHONE NUMBER: _____

FAX NUMBER: _____

APPROVED MATERIALS MUST BE DELIVERED TO THE SCHOOL OR OFFICE AT LEAST TEN (10) SCHOOL DAYS PRIOR TO THE INTENDED DISTRIBUTION DATE(S).

*DISTRIBUTION DATE(S): _____

DATE(S) MATERIALS MUST BE PROVIDED TO SCHOOL/OFFICE: _____

SIGNATURE OF PRINCIPAL OR OFFICE HEAD:

DATE: _____

DISTRIBUTION IS ONLY APPROVED FOR THE DATE(S) INDICATED.