



DUPLICATING AND/OR DISTRIBUTION REQUEST

All committee chairpersons requesting copying and or distribution of any material MUST complete this form. Nothing may be copied on PTA letterhead without two approval signatures as noted below.

To: *Office Personnel in charge of copying*

Date Submitted: _____ Date Needed: _____ Number of Copies _____

PTA Committee Requesting Copying and/or Distribution: _____

Purpose of Flyer/Letter: _____

Special Instructions: _____

Kindly distribute to: _____

(i.e. "Outgoing mail," "All Teachers," "All Students," "5th Grade," etc.)

Approved by: _____

Mr. Marwan Sayegh

Approved by: _____

Joane Lasky, PTA President, or Designee

FOR OFFICE USE ONLY

Completed by _____ Date _____ Distributed on _____