



Distribution Request for District Partner Program or Service

Date of requested distribution: _____

Name of District Partner Program or Service:

Material to be distributed: _____

Grades: _____

Notes: _____

Contact Information:

Contact Person: _____

Organization address: _____

Phone Number: _____ Fax Number _____

Email Address: _____

Method of Delivery:

_____ U.S. Mail

_____ Organization will deliver packets to buildings (48 hrs. prior to distribution)

_____ Organization will deliver packets to SFSD Central Services

(1101 N. Western Ave.), will divide items in packets of 25 and place the appropriate amount in inter-school envelopes addressed to each location. (Envelopes provided.)

Superintendent's Signature:

Dr. Jane Stavem, Superintendent