



700 North Catherine Street  
Terrell, Texas 75160  
Phone 972-563-7504  
Fax 972-563-1406

**Request for District Distribution**

Date Submitted: \_\_\_\_\_

Person submitting form: \_\_\_\_\_

Telephone/cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Organization/Business represented: \_\_\_\_\_

Nature of business/Reason for submission (i.e. community event, fundraiser, etc.):

\_\_\_\_\_

Dates for distribution: \_\_\_\_\_

You must attach your form/flyer to this request. No changes to your submission will be permitted once it has been submitted. Approval of any distribution will be for that item only. A separate distribution request form will be required for each item you wish to distribute.

After the Superintendent receives the request, you will be contacted within five (5) business days of status of approval by telephone or email. If you are requesting to post a sign, you will be responsible to remove the sign by a designated date.

\*\*\*\*\*

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit this form to:**  
Superintendent  
Terrell ISD  
700 N. Catherine St.  
Terrell, TX 75160  
Fax: 972-563-7504

<b><u>For office use only:</u></b>	
Requestor notified _____	
Date _____	
Campus notified _____	
Date _____	