

COOPERSTOWN CENTRAL SCHOOL DISTRICT
NON-SCHOOL GROUP
AUTHORIZATION FORM TO DISTRIBUTE MATERIALS

The purpose of this application is request permission to distribute materials through the children in attendance in the Cooperstown Central School District. It is understood that all proposed materials for distribution will be reviewed on a case-by-case basis. All costs of copying and sorting materials will be the responsibility of the sponsoring agency.

Name of Agency: _____

Address: _____

Mission of Agency: _____

Type of Agency (select all that apply)

- Non-profit Agency
- Social Service Agency

On behalf of _____, I agree to adhere to guidelines set forth in Policy 3272: Advertising in the School, and I have received a copy of same.

Signature

Date

Printed Name: _____

Approved: _____ Denied: _____ Date: _____