

COMMUNITY RELATIONSTelevision Channel Use**Television Request Form**

Submitted by: _____

School or Department: _____

Phone extension: _____ E-mail address: _____

Authorization signature: (Principal/Administrator): _____

(I have read the requirements of the Policy 4130 & 4130P and approve the content of this message.)

Date of request: _____

Request for text message display:

Message content is attached and has been e-mailed to Office of Community Relations in Microsoft Word format at least five (5) days prior to requested date of telecast.

Request for video display:

The video tape is of telecast quality (VHS recommended) and has been delivered to the Office of Community Relations two (2) weeks prior to requested date of telecast.

The message is:

___ **A one time announcement**

The display dates for the message are:

Begin (date/time) _____ End (date/time) _____

___ **A periodic announcement**

This message should be displayed on a specific day(s) – circle/underline appropriate date:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

In accordance with the following schedule: _____

Begin (date/time) _____ End (date/time) _____

Community Relations Office Use Only

File or tape name: _____

Date Activated: _____ By: _____

Date Removed: _____ By: _____

Storage Location: _____

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Submitted _____ June 18, 2001