

Request for Authorization to Use Electronic Media

I am reque	sting to use:
(Circle all th	at apply)
Email Te	xt messages/instant messages
To intera	ct with the following:
(Print Student	or Parent name)
Please note e	ach student/parent needs an individual request form
Submitted by: Date:	
Approv	ed
□ Rejecte	
Authorized	by:Date: