

Escambia County School District Outside Support Organization Annual Authorization Form

Name of Organization						
Associated School						
Purpose of Organization						
Address						
Contact	Title					
Email Address	Telephone Number					
ease provide a list of the organ	nization's curre	ent board m	nembers.	their title. contact informat	ion, and indicate	
any are District employees (by			,	,	,	
Name	Title Phor		e	Email	District Employee	
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	. an offic	er of the al	oove nam	ed organization do hereby	request that the	
ganization be allowed to oper					•	
s created. This authorization,				•		
d/or trademark as part of the		•				
thorization is contingent upo			_			
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C		J				
ignature and Title			Da	Date		
ereby 🔲 authorize or 🛚	do not au	thorize th	e above	named organization to o	perate for the	
rrent school year.						
rincipal Signature			Date			