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**EQUAL ACCESS GUIDELINES  
REQUEST FORM FOR THE DISTRIBUTION OF LITERATURE**

**DATE OF REQUEST:**\_\_\_\_\_

This request has been made by one of the following:

( ) Individual Student: \_\_\_\_\_

( ) Student Organization:\_\_\_\_\_

( ) Student's Name:\_\_\_\_\_

Method of Distribution:

( ) Information Center

( ) Organization Meeting

( ) Hand-to-Hand Distribution

Requested Date(s) of Distribution: \_\_\_\_\_

Description of Materials to be Distributed: \_\_\_\_\_

Date Received by Principal: \_\_\_\_\_ Time \_\_\_\_\_

( ) Approved

( ) Disapproved

Principal's Signature: \_\_\_\_\_

Date Returned to Student: \_\_\_\_\_ Time \_\_\_\_\_

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**ISSUED:        09/11/2000**

**DEKALB COUNTY BOARD OF EDUCATION**