



NORTHEASTERN CATHOLIC DISTRICT SCHOOL BOARD
 5 & + 6 NORTH, TIMMINS, ON P4N6 (TEL: 705-267-7443 FAX: 705-267-3590

DISTRIBUTION OF MATERIAL AUTHORIZATION FORM

ORGANIZATION: _____

CONTACT PERSON: _____

DATE: _____ TELEPHONE _____ FAX: _____
 (0 \$, /

Cop y submitted: YES NO

Con tent(s): _____

Requ ester's Signature: _____

For Office Use Only	Note
<input type="radio"/> Approval of Distribution	It is the responsibility of the requester to provide ALL copies to be distributed.
<input type="radio"/> Refusal	A copy of this form must accompany EA CH package to be distributed.
Reason: _____	

7ULFLD 6WHIDQLF :HOW] Director of Education	Please be advised that the information with respect to our schools' information will be made available following approval this form.