

Marion School District
Request for Media Release

Name of Person Making Request: _____

Position: _____ Date: _____

Campus: _____ Room #: _____

Contact Information: Phone: _____

Best time to visit me at school: _____

Subject of Article:

Will there be a picture taken? _____

Other information:

Principal's Signature: _____ Date: _____

Director of Education Signature: _____ Date: _____