

**PONY DISTRIBUTION REQUEST
AND
UNDERSTANDING OF BULK DISTRIBUTION**

The undersigned has requested the Portland Public School District to distribute certain information to its employees and/or students. The District will review this information and determine if distribution of this information is in the District's interest and it will distribute this information under the following conditions:

- (a) The undersigned agrees to transfer ownership and control of the information and/or documents to the District.
- (b) The persons to whom this information is distributed within the District shall be determined exclusively by the District and subject to District policies on distribution that are consistent with federal postal regulations.

Description of information and/or documents:

Include a copy of the document with your submission.

Signature of person requesting

Telephone Number

Fax Number

Today's Date

Marcia Arganbright, Staff Development PONY approval - Fax number is 503.916.2795
Debbi Gazarine, General Information PONY approval - Fax number is 503.916.2125

For internal use only

General Information Request

Approved Not Approved

Director of School Support _____ Date _____

Professional Development Request

Approved Not Approved

Professional Development Specialist _____ Date _____