



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

Please provide a list of the organization's current board members, their title, contact information, and indicate if any are District employees (by checking box):

Name	Title	Phone	Email	District Employee

I, _____, an officer of the above named organization do hereby request that the organization be allowed to operate and support the school, program, and/or activity for which the organization was created. This authorization, if granted, will permit the organization to use the school's name, logo, mascot, and/or trademark as part of the OSO's name and in its fundraising and other activities. I understand that this authorization is contingent upon the organization's ongoing compliance with School Board policies related to OSOs and with the continuing adherence to the guidelines set forth in the District OSO Guidelines Manual.

Signature and Title

Date

I hereby authorize or do not authorize the above named organization to operate for the current school year.

Principal Signature

Date