

Request for Recognition by School Board of Sarasota County
To be completed by administrator requesting recognition

School _____

Person or group to be recognized _____

Person submitting request _____

 Name _____

 Title _____

 e-mail _____ Phone _____

Name of project, program or award to be recognized _____

Date(s) project was performed _____ Date request submitted _____

Description of project, program or award (Attach additional sheets if necessary) _____

Explanation of benefits of project or service (Attach additional sheets if necessary) _____

Description of current activities that can be photographed in relation to project _____

Locations and time activities can be photographed _____

Person who can be interviewed in relation to project (Include name, phone, e-mail) _____

Location and time for interview _____

Photographs and other supporting materials to be provided for presentation _____

Person providing presentation materials (Include name, phone, e-mail) _____

People presenting project at recognition (Maximum 3; include names, phone, e-mail)

1. _____

2. _____

3. _____

Submit completed form to
Gary Leatherman, Director
Communications and Community Relations Department
Phone: 927-4009
Fax: 927-4059
e-mail: gary_leatherman@sarasota.k12.fl.us

Approved _____ **Date** _____

Date and time recognition scheduled _____