

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
FORMS CONTROL AUTHORIZATION REQUEST**

Forms Control No : _____

(Translation Control No. if applicable) _____

Title of Form: _____

Contact Name: _____

Phone: _____

Position/Title: _____

Location Number: _____

Signature: _____

Department/School: _____

Division Of: _____

Form Status:

- New
- Existing
- Revision
- Consolidated (List forms #'s) _____

Form Type

- Federal
- State # _____
- County
- Other _____

Authorization:

- State law _____
- Federal law _____
- State Regulation
- Federal Regulation
- Policy _____
- Other _____

In Response:

- Voluntary
- Mandatory
- Required to Obtain Benefit

Processing Method:

- Manual
- Computer

Use of Data Acquired:

Individual(s) responsible for completing form:

- Administrator
- Supervisor
- Other _____

Distribution Frequency:

- Annual Quarterly
- Semi-Annual Monthly
- As Appropriate/Needed
- Other _____

Stored in:

- Warehouse Department Other
- Web site: _____

Due Date(s): _____ / _____ / _____
Mo. Day Yr

Printing:

- Printing Services Outside printing Computer

DO NOT WRITE BELOW THIS LINE

Approved _____
Approved By: _____

Not Approved _____
Reason: _____