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) ________________

Use of Data Acquired:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Individual(s) responsible for completing form:
☐ Administrator
☐ Supervisor
☐ Other ____________________________

Distribution Frequency:
☐ Annual
☐ Semi-Annual
☐ As Appropriate/Needed
☐ Monthly
☐ Other ____________________________

Stored in:
☐ Warehouse ☐ Department ☐ Other
☐ Web site: ____________________________

Due Date(s): ___________ / ___________ / ___________

Mo. Day Yr

Processing Method:
☐ Manual
☐ Computer
☐ Printing Services
☐ Outside printing
☐ Computer

☐ Approved
Approved By: ____________________________
☐ Not Approved
Reason: ____________________________

Important: Form MUST be completely filled out or it will be sent back. Email this form and revised form to Deborah.Rivera@Browardschools.com

Form #0012
Rev. 05/18