

**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 \_\_\_\_\_

Not Approved \_\_\_\_\_

Approved By: \_\_\_\_\_

Reason: \_\_\_\_\_

Form #0012

Rev. 04/14

**Important:** Form MUST be completely filled out or it will be sent back