

P.V.H.S. Auto-dialer Approval Form

Date of Delivery: _____ Message Announcer: _____

Message Author: _____ Phone #: _____

Message* (attach additional pages if necessary): _____

Targeted grades: _____ All _____ 9 _____ 10 _____ 11 _____ 12

Other: _____

Site-Level Authorization*: _____

Signature/Title

Date

**Must be approved by Administration.*

District-level Authorization: _____

(if necessary)

Name/Title

Date

Method of Authorization: _____ Phone _____ E-mail

Other: _____