

Glens Falls Common School District

Guest Speaker Authorization Form

Date of Request: _____ Faculty Member: _____

Scheduled Date of Speaker: _____ Class: _____

Grade/s: _____

Name of Speaker: _____

Organization Represented: _____

Discussion Topic: _____

Qualification/s of Speaker to Address this Topic: _____

How does this topic specifically support your curriculum: _____

Approved

Conditions: _____

Not-Approved

Reasons: _____

Date: _____

Superintendent's Signature