

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 204.8.3P Adopted October 1977 Revised November 2017

Title Special Communication Request

To address the School Board about a topic not on the meeting agenda, complete this form and submit it to the **Superintendent's Office, Independent School District 196, 3455 153<sup>rd</sup> Street West, Rosemount, MN 55068**, no less than **five** working days before the board meeting at which you wish to speak.

The School Board provides a total of five minutes per request. Special Communication Requests on the same topic will be limited to the first three requests per meeting. Comments about school or district operations or programs may be heard, but the board will not hear complaints about specific personnel or other individuals at a public session.

Please be aware that:

- This form becomes a board exhibit and will appear on the district's website;
- If you wish to share supporting documentation with the board, bring nine copies to the board meeting;
- Recordings of the board meeting are broadcast on local cable channels and on the district's website, and
- Questions and requests directed to the board will usually be deferred pending appropriate administrative and board consideration and will receive a timely response.

If you have additional questions, call the administrative assistant to the School Board at 651-423-7723.

School Board meeting date \_\_\_\_\_

Request initiated by \_\_\_\_\_  
(please print)

You represent  Self only  
 Organization \_\_\_\_\_  
(name of organization)  
 Other group \_\_\_\_\_  
(identify group)

Name of spokesperson \_\_\_\_\_

Topic \_\_\_\_\_

Which district personnel have you contacted about this issue?  
(specify) \_\_\_\_\_  
\_\_\_\_\_

What action would you like the School Board or administration to take in response to your comments?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ date

\_\_\_\_\_ signature of person making request

**Contact information *(for office use only):***

Name of person initiating request \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Are you a resident of District 196?    Yes    No

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Email address \_\_\_\_\_