



LANGUAGE MEDIA REQUEST FORM

Allegany Language Department

25 Center Street
 PO Box 231
 Salamanca, NY 14779
 716-945-1790

Today's Date: _____

Name/Title _____ Department/Program _____

Phone #/Ext. _____ Territory _____

Type of Content Request:

Printing (Poster, booklet, flyer,...)	Photo/Video	Audio (CD's, MP3,...)	Instructional or Resource Materials (worksheets or charts)
Translating/Transcription	Social Media Upload	Language/Culture Instruction for a program or training	Other

Describe if Other: _____

Reason for Content:

Personal Development

Classroom Materials

Community Outreach

Department Lessons

Event

Training/Learning Workshop

Other: _____

DATE NEEDED BY: _____

Describe any or all details required to carry out request: _____

****Attach any rough draft form or additional info needed**

*******FOR LANGUAGE DEPT. USE ONLY*******

This request has been **APPROVED** by the Allegany

Department Director

At this time, request has to be **DENIED** because of the following reason:

Approved by _____

Denied by _____