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:

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

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

Approved by__________________________________________

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

Denied by___________________________________________