## LYNDEN SCHOOL DISTRICT EFFECTIVE COMMUNICATION REQUEST FORM

Please note: The district needs as much advanced notice as possible to ensure that reasonable accommodations are met. Reasonable efforts will be made to accommodate requests made less than 48 hours in advance of a scheduled program, activity or event. If aids or services are needed for a meeting of the Board of Directors, please contact the office of the Superintendent directly at: (360)354-4443

Requ	i <b>est Type:</b> (Please check a	ll that apply)	
□ Assistive Listening Aid or Service			
□ Assistive Vision Aid or Service			
	Assistive Speech Aid or Service		
□ Other			
	<u> </u>		
Contact Persons:			
		Name	Email or Phone (whichever is preferred)
Individual Making Request			
Building Manager or Principal where event will take place		ıl	
Event Contact Person			
Event	Details: Please attach any	y relevant supporting information	(i.e., event flyer or brochure).
Eve	nt Name:		
Eve	nt Date:		
Star	t and End Time:		
Eve	nt Description (i.e.,		
	ure, seminar,		
ever	ting, sports nt):		
	ation (i.e., building,		
	ity, off-campus ool-sponsored		
activ	vity):		
Othe	er relevant details:		
	l.		

Please return this completed form to: Lynden School District Office:

Address: 516 Main St., Lynden, WA 98264

Date of request: \_\_\_\_\_

Fax: (360)354-7662