

Pittsford Central School District

Commemoration Request Form

Please return form to the District TIG Coordinator:

Patricia Brogan, Director of Student Services, Administrative Offices, 75 Barker Road – East Wing,
Pittsford, NY 14534 or fax: 585-218-1068.

Please call with any questions or concerns: 585-267-1023

Date: _____

Name of person(s) making request: _____

Name of deceased: _____

Date of death: _____

Relationship to deceased: _____

Requesting party's contact information:

address

home phone

work phone

cell phone

Email: _____

Description of requested commemoration:

The Pittsford Central School District reserves the right to accept/reject any and all commemorations donated and purchased. Accepted commemorations will be visible within the school community for no longer than five (5) school years. After the designated memorial period, all reasonable efforts will be made to return commemoration items to the respective family members.

District TIG Steering Committee Review Date: _____

District Central Office Team Review Date: _____

Date of Review with family of the deceased: _____

Approved: _____

Not approved: _____

Rationale (if applicable): _____

Applicant informed of decision (date): _____

Signature of District TIG Coordinator: _____