

REQUEST TO NAME A DESIGNATED AREA OF A SCHOOL FOR A DONOR OR GRANTOR

PLEASE TYPE OR PRINT LEGIBLY

Region, District, or Program Designation: _____

INSTRUCTIONS: Please complete and submit this form to the Office of Strategic Partnerships, Attn: Naming Committee, NYC Department of Education, 52 Chambers Street, Room 305, New York, NY 10007 (fax 212-374-5571).

After consultation with the Parent Association or Parent-Teacher Association, we hereby submit a request that _____
(designated area of the school)

be named the _____
(honorific name of designated area)

Name and Address of School: _____

This request is for **one** of the following (mark appropriate box):

- A new designated area of a new or existing school (mark appropriate box).
- An existing designated area which had not been previously named in an existing school.
- The renaming of a designated area of an existing school. Please complete the following:
- (a) What was the prior name? _____
- (b) In what year did the designated area receive its previous name? _____

Please attach the following:

1. A written statement describing the following: (a) the nature and amount of the grant/donation; (b) the name(s) and address(es) of the source(s) of the grant/donation; and (c) the nature and extent of improvement(s) to a designated area and/or other portion(s) of the school.
2. Copies of the following: (a) minutes of the meeting of the Parents Association or Parent-Teacher Association at which the proposed naming or renaming was discussed; (b) comments received from the local community; and (c) a statement about the publication of the naming.

Submitted by:

Signature of Superintendent _____
Date

APPROVAL: _____
Office of Strategic Partnerships _____
Date

APPROVAL: _____
(for the) Chancellor _____
Date