



DeForest Area High School

815 Jefferson Street, DeForest, WI 53532 • (608) 842-6600 • FAX (608) 842-6615

Guest Speaker Request for Approval

Please complete, obtain department chair signature and submit to high school principal for approval at least one week prior to scheduled date of guest speaker visit.

Teacher requesting speaker	
Date(s) of presentation	
Class(es) to hear presentation	
Class period(s) speaker will be presenting	1 2 3 4a 4b 5a 5b 6 7 8
Topic or purpose of presentation	
Name of speaker	
Speaker's organization or business	

Department Chair Signature: _____

Date: _____

Principal Signature: _____

Date: _____