

Commencement Special Seating Request

- * Requests for special seating will be evaluated and met if/when possible.
- * Confirmation will be sent via email or by phone call.
- * Please provide contact information!

***Return requests to Mrs. Carothers by May 13.**

Name of the person requiring special seating:

Contact info. of person requiring special seating:

Phone: _____

Email - best contact info/time:

Reason for request:

Name of person (**ONLY ONE**) who will accompany the person making request: _____

NAME OF GRADUATE to whom person is related:
