

**REQUEST FOR AUTHORIZATION
FOR A SPEAKER ON ANY RELIGIOUS TOPIC**

Date of Request: _____

Event: _____

Date of Event: _____

Name of Coordinator: _____ **Phone:** _____

Parish/Agency: _____

Address: _____ **City/Zip:** _____

Name of Speaker: _____

Topic: _____

Audience: _____

Please attach Speaker's Curriculum Vitae or provide requested information in the space below.

Background: _____

Credentials: _____

Please forward this form to:
Rev. Msgr. Glenn Nelson P.O. Box 7044 Rockford, IL 61125