

KEANSBURG SCHOOL DISTRICT  
GUEST SPEAKER REQUEST FORM

SCHOOL: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CLASSES/GROUP INVOLVED: \_\_\_\_\_

DATE(S): \_\_\_\_\_

SPEAKER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CREDENTIALS: \_\_\_\_\_

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OUTLINE OF TOPIC/AREA TO BE DISCUSSED: \_\_\_\_\_

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BENEFIT TO STUDENTS: \_\_\_\_\_

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