

**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: (Attach documentation)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward this form to:  
**Rev. Msgr. David D. Kagan P.O. Box 7044 Rockford, IL 61125**