

# TRECA

## AUTHORIZATION TO MANAGE DISTRICT INTERNET CONTENT FILTER

*Please print*

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail address** (for contact purposes): \_\_\_\_\_

**School District:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Required signatures

*This form cannot be processed without the appropriate signatures.*

Content Filter Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

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TRECA use only:

Username: \_\_\_\_\_

Password: \_\_\_\_\_

**\* When form is completed, please mail or fax to:**

TRECA  
2222 Marion-Mt. Gilead Rd.  
Marion, OH 43302

Phone: (740) 389-4798  
Fax: (740) 389-4517