



PRESS RELEASE FORM
The New Albany-Floyd County
Consolidated School Corporation
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Diane Williamson
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Please provide your contact information:

Name _____

Title _____

School _____

Phone Number _____

E-mail _____

Please provide information on your event or activity:

Title of Event or Activity: _____

Who: _____

What: _____

When: (date/time): _____

Where: (address/ room #): _____

Why: _____

Photo Opportunities: (List date, place, and specific time period for photo):

Please e-mail this information to: dcwilliamson@nafcs.k12.in.us