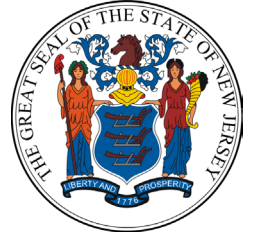


**State of New Jersey
Commission on Holocaust Education**

P.O. Box 500
Trenton, NJ 08625
(609) 376-3968



holocaust@doe.nj.gov
<http://www.nj.gov/education/holocaust/>

Holocaust Education Trunk Request Form

Date Submitted: _____

Dates Requested: _____

Grade(s): _____

Contact Person: _____

Phone number of contact person: _____

Email: _____

School/Organization: _____

Street Address: _____

City, State, Zip: _____

County: _____

Number of Students: _____

Number of Teachers: _____

Have students received prior instruction on the Holocaust? Yes _____ No _____

If yes, please explain: _____

Must be returned to Commission by (4 weeks after the trunk is received by school): _____

Signature: _____

Please reach out to Brianna Doherty at the New Jersey Commission on Holocaust Education for additional questions at 609-376-3778 or Brianna.Doherty@doe.nj.gov