



AGREEMENT OF STUDENT INFORMATION RELEASE

The undersigned agrees that the information released to them by Bellingham Public Schools is the d

Specific Project: _____ Date Needed: _____

Data requested: (please check)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Grades (All) | <input type="checkbox"/> Student Name | <input type="checkbox"/> School | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grade(s) (Specific) | <input type="checkbox"/> Parent/Guardian Name | <input type="checkbox"/> Address | *Specify _____ |
| Specify _____ | <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Date of birth | *in accordance with allowable information per Procedure 3231 |

Data Format: (desired delimiters, software compatibility, etc.) _____

Please choose how you would like to receive this data:

- | | |
|--|--|
| <input type="checkbox"/> Email Sent to: _____ | <input type="checkbox"/> Secure FTP site (address and password): _____ |
| <input type="checkbox"/> Flash Drive (you provide) | <input type="checkbox"/> Other: _____ |

Organization/Company Name

Date

Printed Name

Title/Organization Position

Signature

Email address

Approval Process:

Principal

Date

Principal forwards to Assistant Superintendent for approval.

Assistant Superintendent

Date

Assistant Superintendent forwards to Educational Technology for processing

Completed