



## 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 _____
<b>Principal forwards to Assistant Superintendent for approval.</b>	
Assistant Superintendent _____	Date _____
<b>Assistant Superintendent forwards to Educational Technology for processing</b>	
Completed <input type="checkbox"/>	