



## 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