



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)

- Grades (All) Student Name School Other
- Grade(s) (Specific) Parent/Guardian Name Address *Specify _____
- Specify _____ Telephone Number 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:

Email Sent to: _____ Secure FTP site (address and password): _____

Flash Drive (you provide) 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