



## AGREEMENT OF STUDENT INFORMATION RELEASE

The undersigned agrees that the information release to them by Bellingham Public Schools will only be used for the purpose agreed upon between the district and the organization/individual identified below.

It is the district's policy 3231 that the release of student records is for school-related purposes only, and will not be used for commercial purposes. School-related purposes are those purposes that the district designates as useful to the operation of the school program or required by law. All privacy restrictions will be honored.

Furthermore, the data will be either returned or destroyed immediately upon completion of the specific project.

Specific Project: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Data requested: (please check)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Student Name   | <input type="checkbox"/> Grade             | <input type="checkbox"/> School                  |
| <input type="checkbox"/> Parent's Name  | <input type="checkbox"/> Telephone Number  | <input type="checkbox"/> Address                 |
| <input type="checkbox"/> Field of Study | <input type="checkbox"/> Diplomas & Awards | <input type="checkbox"/> Date and place of birth |
| <input type="checkbox"/> Other          |  |  |

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

Media Format: (you provide the media): OR Secure FTP site (address and pw please)

- |                             |                                       |
|-----------------------------|---------------------------------------|
| <input type="checkbox"/> CD | <input type="checkbox"/> Other: _____ |
|-----------------------------|---------------------------------------|

\_\_\_\_\_  
Organization/Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Company Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email address

School Approval:

\_\_\_\_\_  
Principal School Date

District Approval:

\_\_\_\_\_  
Director Title Date