

AGREEMENT OF STUDENT INFORMATION RELEASE

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

It is the district's policy 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 which the district designates as useful to the operation of the school program. 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"/> Parent Email | <input type="checkbox"/> Address |
| <input type="checkbox"/> Parent/Guardian Name | <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Date and place of birth |
| <input type="checkbox"/> Grade | <input type="checkbox"/> School | <input type="checkbox"/> Other |

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

We are unable to email this data. Please choose from the following methods:
Media Format (*you provide the media*): **OR** Secure FTP site (*address and pw please*)

Flash Drive CD 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