



School District 197

Student Directory Purchase Request

Organizations and/or any member of the public can request information about students attending West St. Paul-Mendota Heights-Eagan Area Schools (School District 197). "Directory information," as it is known, is defined by School District 197 as a student's name, date of birth, major field of study, participation in officially organized teams, weight and height as a member of athletic teams, dates of enrollment, dates of graduation or withdrawal, grade levels completed, degrees and awards, pictures of students for school-approved publications/newspapers, yearbooks, district-managed websites and district-managed social media, or for cable casts, bulletins, programs, or similar school-produced information pieces. If you have any questions, please call 651-403-7008 or email district.communications@isd197.org.

Purchase Request for Student Directory Information

Please fill out this form completely and send it to District Communications, 1897 Delaware Ave., Mendota Heights, MN 55118 or district.communications@isd197.org. Once approved, the information you have requested will be delivered to you in an Excel spreadsheet to your email address (listed below). Please allow seven (7) business days to fulfill the request. We do not provide address labels.

Requestor First and Last Name: _____ Today's Date: _____

Requestor Email: _____ Requestor Phone #: _____

The requested information will be used for: _____

Student Information Requested (check and complete all that apply):

- School(s): _____
- Grade Level(s): _____
- Student Name(s): _____
- Other Information: _____

School District 197 charges \$25 per request.

Amount Paid: _____ Date Paid: _____

Cash (received by: _____) Check (payable to School District 197)

Mail or drop off payment to: School District 197, attn: Communications Department, 1897 Delaware Ave., Mendota Heights, MN 55118

By signing this form, I confirm that this information will be used only for the purpose listed above and will not be sold.

Requestor Signature: _____

Staff Signature: _____ Date Request Completed: _____