

## 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"/> 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<br>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 ☐