

Room Temperature Waiver Request

School Name: _____ Date: _____

Room Number: _____ Temperature Requested: _____

Reason for temperature outside of 68° heating and/or 76° cooling standard (use additional page if necessary):

Principal Name

Teacher/Staff Name

Principal Signature

Teacher/Staff Signature

Please send completed form to Resource Conservation Specialist, MS 23-365, P.O. Box 34165, Seattle WA 98124 or fax to 206-252-0646

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