

DIRECTORY INFORMATION REQUEST FORM

<u>PUBLIC</u> SCHOOLS Data of Paguast:	Nome of Paguestor	
-	_	
	Email Address:	
Mailing Address:		
Please indicate the directory info	ormation you request:	
□ Student name	□ Student grade	□ Student address
Contact phone number	Contact email address	□ School name
□ Primary language spoken	□ Other	□ Other
Target population:		
Purpose of request:		
Please indicate whether you mee	t any of the following criteria (see 32	31SP for more information):
□ I am engaged in a cooperative a	ctivity that directly serves or provides of	operational support for a school/program.
	ts/parents of educational, training, or ca ant portion of the target population.	areer opportunities that have significant merit
□ Other		
The undersigned declares as foll	ows:	
I have requested the above-descr I hearby declare that this directed	ribed directory information. Dry information shall not be used for	commercial purposes.
	ts any public agency from providing acce mercial Purposes is defined in AGO 199	

- A requestor who signs a declaration promising not to use a list of individuals for commercial purposes, but who violates this declaration may be charged with the crime of false swearing. WAC 44-14-06002(6).
- Disclosure of District lists of individuals to a third party for commercial purposes is prohibited.

Requestor's Signature:	Date:
For internal use only	
PRO Recommendation: Approve Disapprove Referred by:	Date:
Request is: Granted Rejected Final decision by:	Date: