

Note: Please complete this request form, sign in space provided, and include \$50 for one year of data and \$25 for each additional year of data requested. Make check payable to Seattle Public Schools, and return to Archives.

CLASS REUNION DATA REQUEST FORM



Mail to:
Archives
Seattle Public Schools
PO Box 34165, MS 21-345
Seattle, WA 98124-1165

Or e-mail scanned form to:
archives@seattleschools.org

Request Date:

School:

Graduation Year:

Graduates only?

Or attended in which years?

Or other? (please specify)

You will receive an electronic file which includes student name, home phone number and the most recent mailing address available. Please indicate your preference for how file is sorted:

- ☐ Student Last Name
☐ Year Attended
☐ Zip Code

By signing below, I verify:

- ☐ I am a member of the above school alumni and involved with organizing a school reunion.
☐ I am the principal of the school organizing a school reunion.
☐ Other, please specify: _____.

- That the data I am requesting will be used solely for the purpose of contacting alumni concerning the reunion.
- That this information will not be used for any commercial purposes or for any mailings or solicitations that do not relate to the school reunion.
- That any commercial groups who help organize the reunion will have the data in their possession for a brief time and will destroy the data when this reunion project is completed.

Signature

Printed Name

For Alumni Members: Printed full name used when attending Seattle Public Schools

Birth Date

Current Address

City, State, Zip Code

Phone (s)

E-mail (for receipt of data file)