

**BELLINGHAM SCHOOL DISTRICT**  
**Bellingham, Washington**

**AGREEMENT OF STUDENT INFORMATION RELEASE**

The undersigned agrees that the information released to them by the Bellingham School District will only be used for the purpose agreed upon between the Bellingham School District and the company 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.

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"/> Student Name   | <input type="checkbox"/> Grade             | <input type="checkbox"/> School                  |
| <input type="checkbox"/> Parent's Name  | <input type="checkbox"/> Telephone Number  | <input type="checkbox"/> Address                 |
| <input type="checkbox"/> Field of Study | <input type="checkbox"/> Diplomas & Awards | <input type="checkbox"/> Date and place of birth |
|   |  | <input type="checkbox"/> Other                   |

Data Format: (desired delimiters, software compatibility, etc.) \_\_\_\_\_

Media Format *(you provide the media):*

CD       Other: \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Company Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
email address

School Approval:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

District Approval:

\_\_\_\_\_  
Kenn Robinson, Director of Student Services

\_\_\_\_\_  
Date