



Student Directory Information Request Form

1) Circle the following student directory information you are requesting.

- | | | | |
|-----------------------------|---------|-----------------------------|---------------|
| NAME | ADDRESS | PHONE | DATE OF BIRTH |
| PLACE OF BIRTH | MAJOR | PARTICIPATION IN ACTIVITIES | |
| WEIGHT / HEIGHT OF ATHLETES | | DATES OF ATTENDANCE | |
| DEGREES / AWARDS RECEIVED | | MOST RECENT SCHOOL ATTENDED | |

2) Please be aware of the following charges. Requests will be completed as quickly as possible but may take up to two (2) weeks for processing. *Records are not to be used to further a commercial enterprise.*

Clerical costs	\$25.00 per hour
Photocopies	\$0.10 per side
Labels	\$0.75 per sheet

Requester Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

The following information will be used by the Communications Office to track requests.

Date of Request _____ Time Needed to fulfill request: _____ Completed: _____

Communications Office
 Linn-Mar Community School District
 2999 N. Tenth St.
 Marion, IA 52302
 (319) 447-3005
mmay@linnmar.k12.ia.us