



Access Authorization for the Workforce Board's
Student Data Reporting System

The following individual is an authorized Workforce Board Data Reporting System user for _____ (School Name and City)

This authorization is valid while the individual works for the school and will be rescinded when the individual leaves the school.

A separate form must be submitted for each employee who accesses the data reporting system.

Date	
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USER Information:

First and Last Name					
Title					
Mailing Address					
City					
State		Zip		Phone:	
Email					

 User Signature

Authorizing Individual Information (such as school owner or administrator)

First and Last Name					
Title					
Mailing Address					
City					
State		Zip		Phone:	
Email					

 Signature of Authorizing Individual

Fill in completely, sign, and return as a pdf through email or via USPS mail to:

Workforce Training and Education Coordinating Board
PO Box 43105
Olympia, WA 98504-3105
(360) 709-4600
datareporting@wtb.wa.gov