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This authorization is valid while the individual works for the school and will be rescinded when the individual leaves the school.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

**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](mailto:datareporting@wtb.wa.gov)