



East Baton Rouge Parish School System
 Department of Accountability and Assessment
 12000 Goodwood Boulevard
 Baton Rouge, Louisiana 70815
 (225) 226-7625 FAX (225) 226-7605

Request for Information

Date: _____

Name of Requestor _____ (Title) _____

School/Department/Organization _____

Address _____
Street No. Name of Street Apt. No. City State Zip Code

Phone number _____ Email address _____

Date Needed: ASAP _____

Information Needed and Reason (Be specific. Include grade, years, schools, etc. Use back of sheet if needed)

*I understand I may only use this data for the purpose of this proposal.
 I agree to confidentiality of all participants and data.
 I agree to exclude scores for any groups with less than ten members.*

Signature of Requestor _____

Department of Accountability and Assessment Use Only

Date Received _____

Date Completed _____

____ Request Approved

Emailed Faxed Mailed

Picked up by _____

____ Request Denied

NOTE:

Accountability Staff Member _____