



District Authorization for VendorLink Access

District Name: _____

Superintendent Name: _____

Phone Number: _____

By submitting this form, we are requesting that the following vendor be granted VendorLink access to StudentInformation data for the following buildings:

Vendor Name: _____ Application Name: _____

List the buildings in the district that need this access, or list "ALL" for district-wide access):

_____	_____
_____	_____
_____	_____

Effective date: _____

Vendor Information

Vendor: _____

Contact Name: _____

Position: _____

Email Address: _____

Phone: _____

Superintendent: _____ Date: _____