

AUTHORIZED USERS

PRIMARY DATA (RECEIVER) POINT OF CONTACT/PRIMARY DATA CUSTODIAN

This person will supply the list of students to be matched.

Printed Name: _____

Title: _____

School/District/Entity Name: _____

Phone Number: _____

Physical Address: _____

Email Address: _____

ADDITIONAL AUTHORIZED USERS (MORE THAN THREE USERS MAY BE DESIGNATED. ATTACH ANOTHER FORM TO INCLUDE ADDITIONAL USERS.)

Name and Title: _____ School/District: _____

Email Address: _____ Phone Number: _____

Name and Title: _____ School/District: _____

Email Address: _____ Phone Number: _____

Name and Title: _____ School/District: _____

Email Address: _____ Phone Number: _____

Authorizing Official

Signed by Entity Designated Signatory: _____

(Must be signed by the person that executed the Research and Data Security Agreement.)

Printed Name and Title: _____

Email Address: _____ Phone Number: _____

Date: _____

EMAIL COMPLETED DOCUMENTS TO:

Kelli Kelnar, Assistant Director for Outreach Services

Oklahoma College Assistance Program

kkelnar@ocap.org