

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: _____	Title: _____
Email Address: _____	School/District: _____
Name: _____	Title: _____
Email Address: _____	School/District: _____
Name: _____	Title: _____
Email Address: _____	School/District: _____

Authorizing Official

Signed by Entity Designated Signatory: _____
(Must be signed by Superintendent, School Board President, Chief Executive Officer.)

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