



**WAKE COUNTY
PUBLIC SCHOOL SYSTEM**

TEACHER REQUEST FORM

Request for Information About Teacher Qualifications

Instructions to Parents: You are entitled to qualification information on your child's academic teacher(s). Please complete this form. Use a separate form for each teacher. Return the completed form to your school's office. Information will be sent to you within 30 days.

School Name: _____

Name of Teacher: Mr. Mrs. Ms. _____

Grade Level: _____ Subject (if applicable): _____

Name of Parent(s) Requesting Information: _____

Name of Student: _____

Mailing Address (where information is to be sent or faxed):

City State Zip Code

Fax Number: _____

Daytime telephone number in case of questions: _____

For District use: Received by school/date/initials Received by HR/date/initials Completed by: initials/mail/fax/date Copy to: Notes:
