

 **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: