

**Monroe City School Board
2006 Tower Dr.
Monroe, LA 71201
318-325-0601**

Agency Request for Student Access

To Service Provider:

Please complete the following information. Bring this letter along with completed form C to the Office of Student Support Services with a background check and fingerprints to receive a Verification form to take to a school to prior to providing services to any student.

Date: _____ Service Provider Name: _____

Agency: _____

Address: _____

Phone: _____

Student: _____ School: _____

Parent: _____

Address: _____

Phone: _____

To Service Provider:

*Please provide us with a **contact number** where you may be reached. When all forms are returned a verification form (form D) will be available for you to pick up **at the Office of Student Support Services**. This form will be required at the student's school when you arrive to see the student.*

Signature: _____ Contact #: _____

Agency Representative or Counselor