



Access Authorization for the Workforce Board
Data Reporting System (WBDRS)

The following individual is an authorized user for _____
(School Name and City) for the Workforce Board Data Reporting System. This authorization is valid while
the individual works for the school and will be rescinded when the individual leaves the school.

A separate form must be submitted for each employee who will have access to WBDRS.

Date Requested	<input type="text"/>
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WBDRS USER Information:

Full Name	<input type="text"/>		
Title	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>		
State	Zip	<input type="text"/>	Phone: <input type="text"/>
Email	<input type="text"/>		

Signature of WBDRS User

Authorizing Individual Information

Full Name	<input type="text"/>		
Title	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>		
State	Zip	<input type="text"/>	Phone: <input type="text"/>
Email	<input type="text"/>		

Signature of Authorizing Individual

Fill in completely, sign, and return via mail to:

Barbara Mix
Workforce Training and Education Coordinating Board
PO Box 43105
Olympia, WA 98504-3105
(360) 709-4611