

**TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM**

Charlotte-Mecklenburg Schools

Request for Information About Teacher/Teacher Assistant Qualifications

Instructions to Parents: Please complete this form. Use a separate form for each teacher or teacher assistant. Return the completed form to your school's office or mail to: *[School Address.]* Information will be sent to you within 30 days.

School Name: \_\_\_\_\_

Name of Teacher: Mr.    Mrs.    Ms. \_\_\_\_\_  
or

Name of Teacher Assistant: 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
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Fax number: \_\_\_\_\_

Daytime telephone number in case of questions: \_\_\_\_\_