



## AT School Swap Authorized User Form

Please note: **All authorized users are updated annually.** Please indicate **new** authorized representatives for each school, district or supervisory union below. **The form must be signed by the Special Education Administrator.** There is no limit to the amount of designated representatives.

**Supervisory Union or School District Name:** \_\_\_\_\_

Address, City and Zip: \_\_\_\_\_

Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

**School Address, City, Zip and Phone:** \_\_\_\_\_

Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

**School Address, City, Zip and Phone:** \_\_\_\_\_

Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

**School Address, City, Zip and Phone:** \_\_\_\_\_

Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

**School Address, City, Zip and Phone:** \_\_\_\_\_

Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your signature indicates acceptance of the terms and conditions as well as the assignment of the authorized representative for your schools, districts or supervisory union.

Special Education Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign, scan and return this form via email to [emma.cobb@vermont.gov](mailto:emma.cobb@vermont.gov). Please call: 1-800-750-6355 for any additional questions.