



# PASS Replacement Materials Request

# Form E

## WASHINGTON STATE PORTABLE ASSISTED STUDY SEQUENCE (PASS) PROGRAM

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 Phone: (509) 837-2712 • Fax: (509) 839-9017 • Email: PASS@MSDR.org



**SECTION 1: DISTRICT/AGENCY INFORMATION (Contact Person must complete and sign below)**

School District/Agency Name: \_\_\_\_\_

Contact Person Name (Print or Type): \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 2: STUDENT INFORMATION**

Student Name: \_\_\_\_\_

Migrant Student Information System (MSIS) #: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

**SECTION 3: COURSE INFORMATION**

**IMPORTANT NOTE: Migrant funded districts** will need to purchase supplemental course materials through local program grant. **Migrant students enrolled by non-migrant funded districts** will receive supplemental course materials. Should you have any questions regarding the supplemental materials, please contact PASS.

Course Name: \_\_\_\_\_ Course Language:  English  Spanish  Russian

**PLEASE CHECK THE BOX FOR THE REQUESTED COURSE MATERIALS BELOW.**

**OFFICIAL TRANSCRIPT** (Transcript requests will be sent to the school registrar.)

Registrar Name: \_\_\_\_\_

I am requesting an official transcript to be sent to the registrar via:  Mail  E-mail  Fax

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**TEXT BOOK** (See Course Descriptions Manual for Required Course Textbooks)

Textbook Name: \_\_\_\_\_

Textbook Name: \_\_\_\_\_

Textbook Name: \_\_\_\_\_

**WORKBOOKS**

Unit 1 Workbook  Unit 2 Workbook  Unit 3 Workbook  Unit 4 Workbook  Unit 5 Workbook

**TEST PACKET(S)** (The Test Packet Will Include the Test and Retake Test for the Identified Units)

Unit 1 Test Packet  Unit 2 Test Packet  Unit 3 Test Packet  Unit 4 Test Packet  Unit 5 Test Packet

**SUPPLEMENTAL MATERIALS** (See Course Descriptions Manual for Required Course Supplemental Materials)

Calculator  Course Glossary  Course Kit  Internet Resource Guide  Map  Unit Kit

Other: \_\_\_\_\_  Other: \_\_\_\_\_

**I authorize this request for PASS materials.**

Date: \_\_\_\_\_ PASS Contact Person Signature: \_\_\_\_\_

*Electronic Signature: I have reviewed the form and certify that it is correct and accurate. I agree with all the terms and conditions of the form. I agree that my typed signature above will be considered an original signature on the form.*

**FOR OFFICIAL USE:** Processed By: \_\_\_\_\_ Date: \_\_\_\_\_