



AT School Swap Authorized User Form

Please note: **All authorized users are updated annually.** Please indicate **all existing and 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. Please call: 1-800-750-6355 for any additional questions.