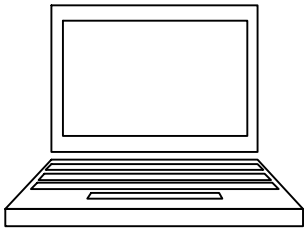

GUILFORD COUNTY SCHOOLS

MAINTENANCE DEPARTMENT

REQUEST LINE ACCESS FORM

ALL information must be filled in.

SCHOOL NAME: _____

1 FULL NAME: _____

2. USER NAME: _____

3. PASSWORD: _____

1. FULL NAME: _____

2. USER NAME: _____

3. PASSWORD: _____

1. FULL NAME: _____

2. USER NAME: _____

3. PASSWORD: _____

CONTACT E-MAIL ADDRESS: _____

FAX TO GUILFORD COUNTY SCHOOLS MAINTENANCE DEPARTMENT **370-2398**

PRINCIPAL'S SIGNATURE: _____

DATE: _____