



KANSAS BOARD OF REGENTS

School District Application for FAFSA Data Access

U.S.D. No.:	_____
Address:	_____ Street _____, Kansas City Zip Code
Individual who will be granted permission to create an account in the “High School Counselors” section of KBOR’s secure online system to access the data:	_____ Name _____ Title _____ Phone _____ Email
Individual who will be responsible for managing data covered by the Agreement and who will serve as USD’s contact:	_____ Name _____ Title _____ Phone _____ Email
Individual (with proper authority) who will sign agreement on USD’s behalf:	_____ Name _____ Title _____ Phone _____ Email

Application made by: _____,
Name
_____, on _____.
Title Date

KBOR Internal Use

Date agreement executed: _____ Expires: _____