

**NAMES OF SPECIAL EDUCATION TEACHERS GIVEN PERMISSION TO ENTER
SPED TRANSPORTATION AND JP 13 INFORMATION ONLINE THROUGH
INFINITE CAMPUS**

School Name: _____

Date: _____

Place a check mark in each column to designate the jurisdiction of each teacher named below.

Special Education Teacher's Name (Please Print)	SPED Trans.	JP13	SPED Team Member

Principal Signature

Date

Return by fax (349-8614) or by pony to:

**Tracey Tiller
FAX: 349-8614**