



# Request for Perkins State Equipment I.D. Tags

USD number: \_\_\_\_\_ Name of educational institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Funding Source: Perkins V

Description of Equipment	Model #	Cost per Unit	Purchase Date	Building Equipment Housed in	Room # of Equipment

Specify number of tags needed for the following categories:

Agriculture: \_\_\_\_\_ Health: \_\_\_\_\_  
 Business: \_\_\_\_\_ Media and Technology: \_\_\_\_\_  
 Design, Production and Repair: \_\_\_\_\_ Public Service: \_\_\_\_\_  
 Family and Consumer Science: \_\_\_\_\_

Name of authorized administrator: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of authorized administrator: \_\_\_\_\_

Please mail, fax or email this form to:

KSDE  
 CSAS  
 C/O Helen Swanson  
 900 S.W. Jackson St. Suite  
 102 Topeka, KS 66612-1212

Fax: (785) 291-3791  
 Email: hswanson@ksde.org

For more information,  
 call: (785) 296-4912

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