

## REQUEST FOR PERKINS STATE I.D. TAGS

---

Number and Name of Educational Institution

---

Name of Institutional Contact                      Title                      Phone                      E-mail address

---

PO Box/Street    City    Zip Code

Funding Source:              Perkins IV

Description of Equipment	Model No.	Cost per Unit	Purchase Date

Specify number of tags needed for the following categories:

- Administration                       Agricultural Education                       Business & Computer Tech  
 Distributive/Marketing                       Family & Consumer Science                       Health Occupations  
 Technical Education                       Trade & Industry

---

Name of Authorized Administrator                      Title                      Signature of Authorized Administrator

Please return or fax this form to Amanda Williams at Kansas State Department of Education, 900 SW Jackson St. Suite 653, Topeka, KS 66612-1182. Fax :785-291-3791. [awilliams@ksde.org](mailto:awilliams@ksde.org)