



CORRESPONDENCE EDUCATION COLLEGE PROVIDER/STUDENT AGREEMENT

1. All correspondence between the correspondence program faculty and student will be strictly professional.
2. The student will not make collect calls to correspondence program faculty and the faculty will not accept collect calls from them.
3. Only the case manager or education employees/contract staff can initiate telephone contact to the correspondence program faculty. Calls will be made only when necessary.
4. All other correspondence will be done via U.S. mail.
5. Personal information will not be shared (e.g., phone numbers, addresses).
6. All communications must pertain only to the correspondence course.

I agree to abide by these rules. Any violation of the rules may be grounds for termination of the correspondence program.

Student name

DOC number

Student signature

Date

Faculty name

Title

Faculty signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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