

**VIRGINIA DEPARTMENT OF EDUCATION  
SCHOOL NUTRITION PROGRAMS  
P. O. Box 2120  
Richmond VA 23218**

**Request for Attachments to the Agreement**

To assist the School Divisions, this year we are making available all prototype forms to the Agreement electronically and/or on disk. If you would like to receive the attachments complete this form and **FAX or Mail it to:**

**India Liggon  
Virginia Department of Education  
School Nutrition Programs  
P. O. Box 2120  
Richmond, VA 23218  
FAX # (804) 786-3117**

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**SCHOOL DIVISION:** \_\_\_\_\_

Please send all attachments to the Agreement in the following format:

- On 3¼" **Floppy disk** in the application below
  - MS Word 97
  - MS Word 6.0
  - MS Word any version less than 6.0 Please specify the version \_\_\_\_\_
  - Word Perfect. Please specify the version \_\_\_\_\_
  - Excel: Please specify version \_\_\_\_\_

Mail disk to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- E-mail** as an attachment.  
My E-mail address is: \_\_\_\_\_
- MS Word 97
- MS Word 6.0
- MS Word any version less than 6.0 Please specify the version \_\_\_\_\_
- Word Perfect. Please specify the version \_\_\_\_\_
- Excel: Please specify version \_\_\_\_\_

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Signature of Requestor

Date