**Information Request Form**
**For New and Renewing School Contracts**

**Instructions for New and Existing State School Contractors:**

Complete this form and return to your State liaison at Disability Employment and Transitions Division (DETD). This information will be used in drafting the contract document.

**2025-26 School Year**

Federal Tax ID Number:_____

School District:_____

Unique Entity Identifier Number (UEI):_____

Mailing Address : _____

Phone Number:_____

Fax Number (if applicable):_____

Name of Person Who Will Sign the Contract for 25-26:_____

Title of Person Who Will Sign the Contract for 25-26: _____

Email Address of Person Who Will Sign the Contract:_____

If the contractor liaison will be someone other than the person who signs the contract, please provide that person's contact information:

Liaison Name and Title:_____

Liaison Phone Number:_____

Liaison Fax Number (if applicable): _____

Liaison Email Address: _____

MONTANA VRBS