



REQUEST FOR PCP CONTACT INFORMATION

Date: _____

Name: _____

Please Print

What email will be used for emailing PCPs? Please write clearly below.

Candidate Position _____

Reason for Request _____

Date when list is needed: _____

By signing this form, I attest that I will not share the PCP List or give any contact information contained therein to anyone. All contact information is confidential.

Signature: _____

Digital signature is acceptable.

Please submit this form to secretary@washcodems.org

NOTE: A listserv link will be provided to you after this request is forwarded to the IT Chair. Only one email may be used to email PCP's. This listserv link will be deactivated after the election. A spreadsheet with names/phone numbers will also be emailed to you.

Approved	Denied
_____	_____
Secretary	Date
If Denied, Explain:	
_____	_____
Executive Board Override	Date