PUBLIC'S RIGHT TO KNOW /
FREEDOM OF INFORMATION

REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT

Name _____ Date _____

Address _____
(street) (city) (state) (zip)

Phone: Home _____ Work _____

E-mail address _____

Nature of request:

☐ Opportunity to review records (no original record may leave the custodian's office)

☐ Copies of records.

Notice: A fee will be charged for copying based upon actual cost for providing the information.

Records requested (please be as explicit as possible as to the records you desire):

_____

_____

_____

_____ _____
(Date) (Signature)