

PUBLIC RECORDS REQUEST FORM

Date of Request: _____

Nature of Request: To be released On site review

Requesting Party:

Name: _____

Address: _____

Phone: _____

Employee to Whom Request was Made: _____

Information or Record Requested: _____

Brief Description of Information/Record Requested: _____

Superintendent's Review of Request: Approved Denied

Signature of Superintendent or Designee

Statement of Denial When Applicable: _____

Office and Person Directed to Fulfill Request: _____

Information Released:

Estimated time required for research,
duplication and assembly: _____

Material(s) released: _____

Number of pages: _____

Other: _____

Release of Material:

Person Released to: _____

Date of Release: _____

Method of Release: Mail Pick-Up Delivered

Date: