



## OPEN RECORDS REQUEST FORM

**DATE REQUESTED:** \_\_\_\_\_

**REQUEST SUBMITTED BY:**    E-MAIL    U.S. MAIL    FAX    IN-PERSON

**NAME OF REQUESTOR:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY/STATE/COUNTY (Required):** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_                      **FAX:** \_\_\_\_\_

**RECORDS REQUESTED:**

*Provide as much specific detail as possible so we can identify the information.*

**DO YOU WANT COPIES?** YES or NO

**DO YOU WANT TO INSPECT THE RECORDS?** YES or NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS?** YES or NO

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**Internal Use Only:**

**DATE RECEIVED BY THE SCHOOL:** \_\_\_\_\_

**DATE RECEIVED BY THE OPEN RECORDS OFFICER:** \_\_\_\_\_

**SCHOOL 5-DAY RESPONSE DUE:** \_\_\_\_\_