EXHIBIT

PUBLIC'S RIGHT TO KNOW / FREEDOM OF INFORMATION

REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT

Note: It is not required by law that this form be filled out by a person requesting public records. The District may request the document be filled out or the District may use the document internally as documentation of public records requests.

Name		Date		
Address(street)		(state)	(zip)	
Phone: Home				
E-mail address	· · · · · · · · · · · · · · · · · · ·		 	
Nature of request:				
□ Opportunity to review custodian's office)	records (no original	record may leave	the	
□ Copies of records.				
Please read and sign the fo	llowing statement:			
I have requested public runderstand that if the record the purpose must be submit	ds should be used for	r a commercial p		
(Date)	(Signature)			
Notice: A fee will be charge	d for copying based	upon actual cost	for providing the informati	ion.
Records requested (please	be as explicit as pos	sible as to the red	cords you desire):	