

REQUEST TO GAIN ACCESS TO PUBLIC RECORDS

Policy #4040

If there is any particular urgency attached to this request, please indicate the date by which you need the information: Need by _____

Nature of Request: _____ Inspection or review _____ Obtain Copies

1. Name of Requestor _____ Date _____

2. Address _____ Phone _____

3. Representing (If applicable) _____

4. Address _____ Phone _____

5. NATURE OF REQUEST: Please be specific about the records you wish to see. If you do not know the name of the records, make your request in the form of a question. To comply with RCW 42.17.260(5) (noncommercial use), please sign the certification below:

Status: _____ parent/legal guardian or custodian
_____ student whose records are requested
_____ other (specify) _____

6. Reason for Request _____

7. Signature of Requestor:

I certify that the information obtained as a result of this request for public records will not be used in whole or in part to compile a list for commercial purposes.

Signature

DISPOSITION OF REQUEST

Request _____ Granted _____ Denied (individual may request a review of decision)

Specific reason denied _____
(if applicable)

Signature

Date

List of material to be copied:

Copying Charges \$ _____ Furnished by _____